



Government of
Saskatchewan

Annual Report For the Year Ending March 31, 1986

Saskatchewan Health

Health Services Expenditures

Table 1. Saskatchewan Health Services Expenditures, 1984-85 and 1985-86, by Saskatchewan Health, Health Commission, and the Cancer Foundation.

Program	Total Expenditure		Percentage distribution
	1984-85	1985-86	1985-86
Total	\$1,027,315,764	\$1,101,876,356	100.00
A. Ordinary Expenditures	\$ 997,766,488	\$1,060,826,356	96.3
Saskatchewan Hospital Services Plan (1)	462,050,006	484,032,539	43.9
Saskatchewan Medical Care Insurance Commission	177,000,000	188,855,000	17.1
Grants to Special-care Facilities	141,127,806	152,703,538	13.9
Grants and Allowances for Home Care	17,038,114	19,569,014	1.8
Saskatchewan Prescription Drug Plan	56,934,958	67,606,000	6.1
Mental Health Services Branch	29,038,412	28,826,635	2.6
Saskatchewan Dental Plan	17,853,415	17,877,970	1.6
Community Health Services (2)	17,806,609	17,445,446	1.6
Saskatchewan Cancer Foundation	15,116,495	16,357,600	1.5
Grants to Health Agencies (3)	13,157,076	15,080,273	1.4
SADAC	7,129,519	7,252,786	.7
Provincial Laboratories	3,971,884	4,092,284	.4
Saskatchewan Aids to Independent Living	3,952,568	4,237,015	.4
Saskatchewan Hearing Aid Plan	1,971,670	2,058,313	.2
Northern Health Services	4,645,025	5,149,111	.5
Ambulance Services (4)	5,757,370	6,056,883	.5
Lakeside Home — Wolseley	1,654,844	1,641,585	.1
Administrative and Support Services	21,560,657	21,984,364	2.0
	\$ 997,766,488	\$1,060,826,356	96.3
B. Capital (5)	\$ 29,549,276	\$ 41,050,000	3.7

(1) Includes: Payments under the Hospital Revenue Act.

(2) Includes: Community Health Services and Communicable Disease Control.

(3) Includes: Grants to City Health Departments and Other Health Agencies, Grants in Assistance of Clinical Services provided by the Medical Education System, Grant to the Saskatchewan Health Research Fund, and Grants for Mental Health Services.

(4) Includes: Air Ambulance and Grants to Ambulance District Boards.

(5) Includes: Construction projects funded by Saskatchewan Health and project loans advanced through the Saskatchewan Property Management Corporation.



Government of
Saskatchewan

Annual Report For the Year Ending March 31, 1986

Saskatchewan Health

3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Letters of Transmittal



Saskatchewan Health

To the Honourable F. W. Johnson
Lieutenant Governor of Saskatchewan

May It Please Your Honour:

The 1985-86 fiscal year brought many new initiatives to ensure Saskatchewan's health care system remains among the world's best.

In the area of capital expansion, a total of 16 new special care homes and integrated facilities were under construction. In addition, major projects were underway or completed, at ten hospitals in the province.

The Home Care Program continued to grow during 1985-86. The report, "Home Care: Future Directions," and a series of long term care consultation workshops throughout the province identified key areas for an orderly expansion of home care services.

The new Mental Health Services Act was passed, providing a new thrust for the future of mental health services in Saskatchewan.

Amendments to The Saskatchewan Medical Care Insurance Act came into effect, prohibiting extra billing for insured medical services.

The Rural Medical Practice Report was released, serving as a basis for discussion on new approaches in rural health care.

These are just some of the key initiatives that took place during 1985-86. There were also many other new projects developed to enhance health services in Saskatchewan.

The past year was indeed one of progress. I am therefore pleased to submit this report on the accomplishments and activities of Saskatchewan Health for 1985-86.

Respectfully submitted,

Graham Taylor
Minister of Health



Saskatchewan Health

To the Honourable Graham Taylor
Minister of Health

Sir:

I have the honour to present herewith for your consideration the Annual Report of Saskatchewan Health for the fiscal year ending March 31, 1986.

Respectfully submitted,

Walter Podiluk
Deputy Minister

Contents

	Page
Health Services Expenditures _____	Inside Front Cover
Organization _____	vi
1 Community Health Services Branch _____	1
2 Northern Health Services Branch _____	18
3 Regina and Saskatoon Cities' Health Programs _____	25
4 Mental Health Services _____	32
5 Continuing Care Branch _____	45
6 Saskatchewan Dental Plan _____	53
7 Saskatchewan Prescription Drug Plan _____	55
8 Ambulance Services Unit _____	57
9 Saskatchewan Hospital Services Plan _____	59
10 Saskatchewan Medical Care Insurance Plan _____	62
11 Saskatchewan Alcohol and Drug Abuse Commission _____	64
12 Provincial Laboratories _____	68
13 Communications and Health Education _____	74
14 Saskatchewan Vital Statistics _____	76
15 Policy Research and Management Services _____	78
16 Payment Negotiation Unit _____	79
17 Administrative Services Branch _____	80
18 Human Resources Branch _____	81
Appendix: Summary of Legislation _____	85

List of Tables

Page

Health Services Expenditures

1. Saskatchewan Health Services Expenditures, by Saskatchewan Health, Health Commissions and the Cancer Foundation _____ Inside front cover

1. Community Health Services

2. Immunizations by Public Health Nurses, Saskatchewan Health Regions _____ 5
3. Selected Public Health Nursing Statistics, Saskatchewan Health Regions _____ 5
4. Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions _____ 6
5. Nutrition Services, Saskatchewan Health Regions _____ 7
6. Community Health Services Branch, Speech-Language Pathology Caseload by Age Group Comparison _____ 8
7. Community Health Services Branch, Chiropractic Program Caseload _____ 9
8. Saskatchewan Hearing Aid Plan Services _____ 9
9. Saskatchewan Aids to Independent Living Plan Services _____ 10
10. Reported Cases and Deaths from Selected Notifiable Communicable Diseases, Saskatchewan _____ 11
11. Reported Cases and Deaths, from selected Notifiable Communicable Diseases, Actual Rates per 100,000 population, Saskatchewan _____ 12
12. Total Program Expenditures, Medical Services Division _____ 14
13. Therapeutic Abortions, Saskatchewan _____ 15
14. Compliance to Milk Quality Standards, Saskatchewan _____ 16
15. Approved Person Year Distribution, Community Health Services Branch _____ 16
16. Revenue, Community Health Services Branch _____ 17
17. Expenditure, Community Health Services Branch _____ 17

2. Northern Health Services Branch

18. Inspections, Northern Health Services Branch _____ 20
19. Number of Permits Issued to Operate, Northern Health Services Branch _____ 20
20. Field Visits, Northern Health Services Branch _____ 21
21. Home Care Services, Northern Health Services Branch _____ 22
22. Child Health Conferences _____ 23
23. Primary Care Clinic Attendance, Northern Health Services _____ 23

3. Regina and Saskatoon Cities' Health Programs

24. Public Health Inspection Services, Regina City Health Department _____ 27

4. Mental Health Services

25. Community Clients by Mental Health Region _____ 36
26. Comparative In-patient Statistics, Mental Health Services _____ 37
27. Movement of In-patients in Facilities Operated by the Mental Health Region _____ 38
28. Children and Youth Receiving Community Services by Mental Health Region _____ 39
29. Persons 65 Years of Age and Older Receiving Community Services by Mental Health Regions _____ 39
30. Summary of Established Positions, Mental Health Services Branch _____ 42
31. Collections from Estates, Mental Health Services Branch _____ 43

5. Continuing Care Branch

32. Volume of Home Care Clients Receiving Services _____ 47
33. Saskatchewan Long-Term Care Beds _____ 49
34. Special Care Home Construction Program _____ 50
35. Home Care Clients as a Percentage of All District Population _____ 51
36. Long Term Care Residents as a Percentage of Provincial Population _____ 51

8. Ambulance Services Unit

37. Road Ambulance Services, Saskatchewan _____ 57
38. Air Ambulance Services, Saskatchewan _____ 58

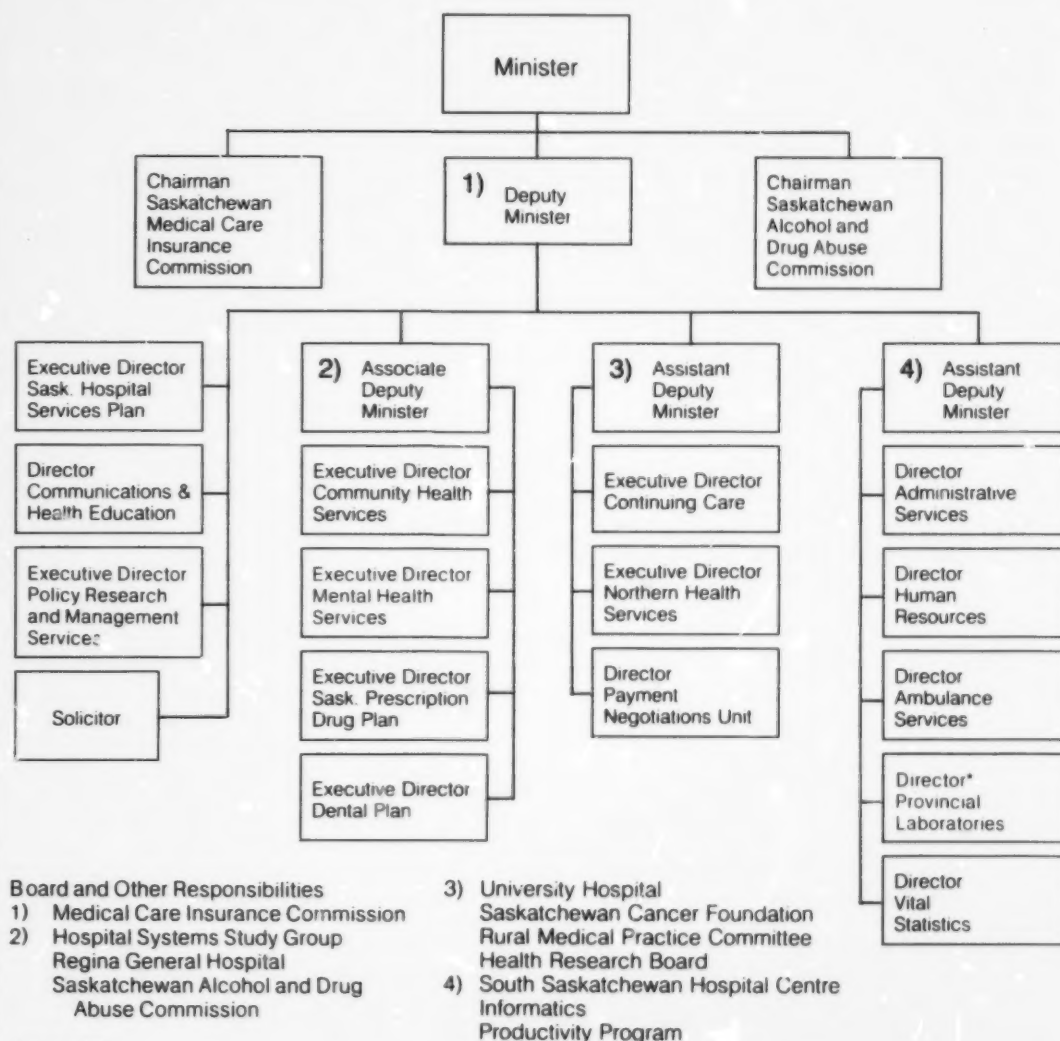
	Page
12. Provincial Laboratories	
39. Variety and Volume of Services Provided, Provincial Laboratories, Saskatchewan _____	69
40. Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan _____	70
41. Radioimmunoassays, Enzymes-Metabolites, Provincial Laboratories, Saskatchewan _____	71
42. Enzymes, Metabolites and Drugs, Provincial Laboratories _____	72
43. Microbial Pathogens — Case Isolations or Evidences, Provincial Laboratories, Saskatchewan _____	73
14. Saskatchewan Vital Statistics	
44. Vital Statistics, Saskatchewan _____	77
18. Training of Health Personnel	
45. Service Commitment Completed by Bursary Program Graduates _____	81
46. Bursary Students, Saskatchewan _____	82

List of Figures

Organization	
1. Organization of Saskatchewan Health _____	vi
1. Community Health Services	
2. Organization of Community Health Services Branch _____	3
3. Organization of a Health Region _____	3
4. Health Regions _____	4
5. Crude Incidence Rate for Total Venereal Disease (Per 100,000 Population) ¹ , Saskatchewan _____	13
2. Northern Health Services Branch	
6. Organization of Northern Health Services Branch _____	18
7. Northern Health Services Branch Health Regions _____	19
4. Mental Health Services	
8. Organization of the Mental Health Services Branch _____	35
9. Changes in Mental Health Service Patterns in Saskatchewan _____	37
10. Mental Health Services (Map) _____	44
5. Continuing Care Branch	
11. Saskatchewan Home Care Program District Boundary Map _____	52
10. Saskatchewan Medical Care Insurance Plan	
12. Organization of the Saskatchewan Medical Care Insurance Commission _____	63
11. Saskatchewan Alcoholism Commission	
13. Organization of Saskatchewan Alcoholism Commission _____	65
14. Regional Alcoholism Facilities in Southern Saskatchewan _____	66
15. Regional Alcoholism Facilities in Northern Saskatchewan _____	67

Organization

Figure 1. Organization of Saskatchewan Health



June 1, 1985

*Effective March 1, 1986, the Communicable Disease Control Division was combined with the Provincial Laboratories under an Executive Director.

1. Community Health Services

Overview

The role of the Community Health Services Branch is to promote and protect the health and well-being of individuals and families in the community. To fulfill this role, the branch provides and administers a large number of health programs to Saskatchewan residents through a network of health regions, depots and clinics throughout the province. Services available to the health region

population include communicable disease control, health education, maternal and child health, nutrition, sanitation, chiropody, rehabilitation and follow-up. The branch provides financial assistance in the form of grants to various health care organizations whose services complement those of the branch, including the health departments in Regina and Saskatoon.

Objectives

The prime objective of the branch is to raise and/or maintain the health status of Saskatchewan residents through protection and promotion activities. To meet this challenge the branch works towards a number of primary goals which, broadly stated, are:

- to increase public awareness and understanding of the factors influencing health and to foster the adoption of lifestyles which promote optimum well-being.
- to maintain a healthy environment by identifying actual or potential environmental health hazards and applying effective control methods.

- to prevent, reduce or modify the course of various communicable and non-communicable diseases.

- to identify individuals who have, or are at risk of developing specific health or developmental problems in order to initiate early intervention and remediation.

- to assist in the maintenance of, and restoration to, a maximum level of independence for physically handicapped and chronically disabled individuals.

Historical Development of Services

1905 — Sanitary officers were employed by the Department of Agriculture.

1917 — The first permanent public health nurse was employed by the Bureau of Public Health, Department of Agriculture.

1923 — The Department of Public Health was established and sanitary officers and public health nurses were transferred from the Department of Agriculture.

- A Communicable Disease Control Division was established.

1928 — The School Hygiene Program was transferred from the Department of Education.

- The Public Health Nursing Division was established.

1941 — The first outpost hospital was established at Cumberland House.

1944 — The Nutrition and Child Health Divisions were established.

1945 — The first health regions were created in the Swift Current and Weyburn-Estevan areas.

- 1948 — A Regional Health Services Branch, including nursing and education, was established to co-ordinate administration of health region services.
- 1950 — Three additional outpost hospitals were in operation at Buffalo Narrows, Stony Rapids and Sandy Bay.
- 1954 — The Regional Health Services Branch was expanded to include the divisions of Nutrition, Child Health, Dental Health, Communicable Disease Control, Venereal Disease Control and Northern Health Services.
- 1961 — By this date the entire province was organized into health regions.
- 1963 — Responsibility for road ambulance inspection services became part of Regional Health Services Branch.
- 1973 — The Saskatchewan Hearing Aid Plan (SHAP) was established.
- 1974 — The Dental Health Division became a separate branch known as the Saskatchewan Dental Plan.
- 1975 — The Saskatchewan Aids to Independent Living Plan (SAIL) was established.
- 1978 — The Regional Health Services Branch became known as the Community Health Services Branch.
- 1979 — A Health Protection Division was established.
 - The Health Promotion Branch became a division of Community Health Services Branch.
 - SAIL sub-depots were established at La Ronge and Uranium City.
- 1982 — Medical Services Branch became a division of Community Health Services Branch.
- 1984 — The Chiropody Program was established.
- 1985 — Health Promotion Division of Community Health Services Branch was incorporated into a new Communications and Health Education Branch.
- 1986 — The Communicable Disease Control Division was transferred to form a new branch with the Provincial Laboratories.

Highlights, 1985-86

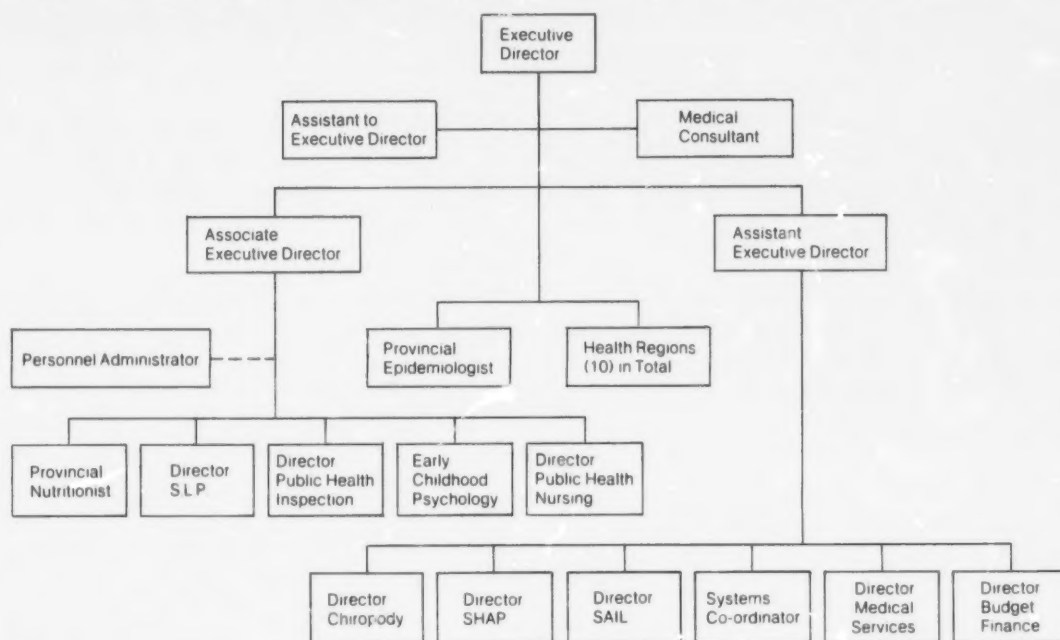
- Subsequent to a recommendation submitted by the Ad Hoc Committee on the role of regional boards of health, in-services were held for all municipal health representatives in all regions.
- An orientation manual for health region boards and municipal health representatives was developed.
- Commencement of review of the SAIL program after approximately 12 years of operation. Review will evaluate objective, range of services and operating policies.
- Some planning initiated for a community therapy program to be incorporated into Community Health Services Branch.
- The communities of Green Lake, Sled Lake and Dore Lake were transferred from Northern Health Services Branch to the Community Health Services Branch.
- The establishment of guidelines and encouragement to stop smoking in the workplace within Community Health Services Branch.
- Transfer of field tuberculosis services from the Anti-Tuberculosis League to public health nurses.
- Preschool Core Program was fully implemented as of January 1, 1986.

Organization

For purposes of administration and delivery of community-based health programs, the province is divided geographically into 10 health regions which cover all areas excluding Regina, Saskatoon and the area administered by the Northern Health Services Branch.

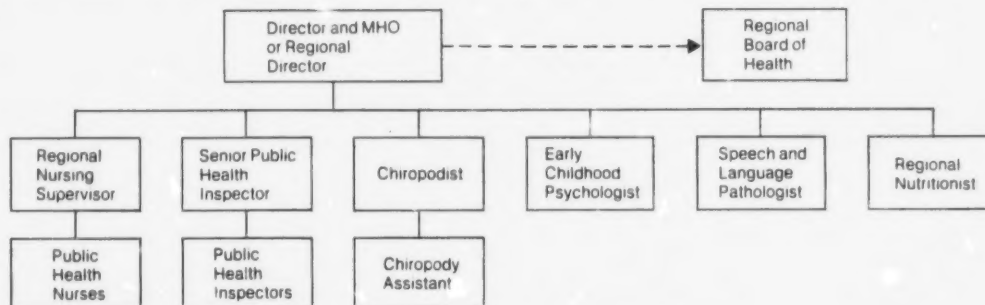
Each health region is divided into health districts which are organized into District Health Councils consisting of an elected representative from each city, town, village and rural municipality. In turn, one or more delegates from the District Health Councils are elected to the Regional Board of

Figure 2. Organization of Community Health Services Branch



March 31, 1986

Figure 3. Organization of a Health Region



March 31, 1986

Health. The board has a number of statutory duties which include reviewing the health region budget, reviewing annual activity reports of the medical health officer, informing local authorities of policies and services of the region and serving as an advisory body to the medical health officer and the Minister of Health.

Community health programs are developed according to department policies modified to meet the needs of the population served. Administration of health programs in each region is the responsibility of the medical health officer and/or health region administrator, who generally

supervise the activities of public health nurses, public health inspectors, early childhood psychologists, speech and language pathologists, chiropodists and nutritionists.

Services are available at the local level through a number of district offices staffed by public health nurses and public health inspectors established throughout each region.

Audiologists and audiological technicians provide Saskatchewan Hearing Aid Plan (SHAP) services to all Saskatchewan residents through two main clinics in Regina and Saskatoon. There are

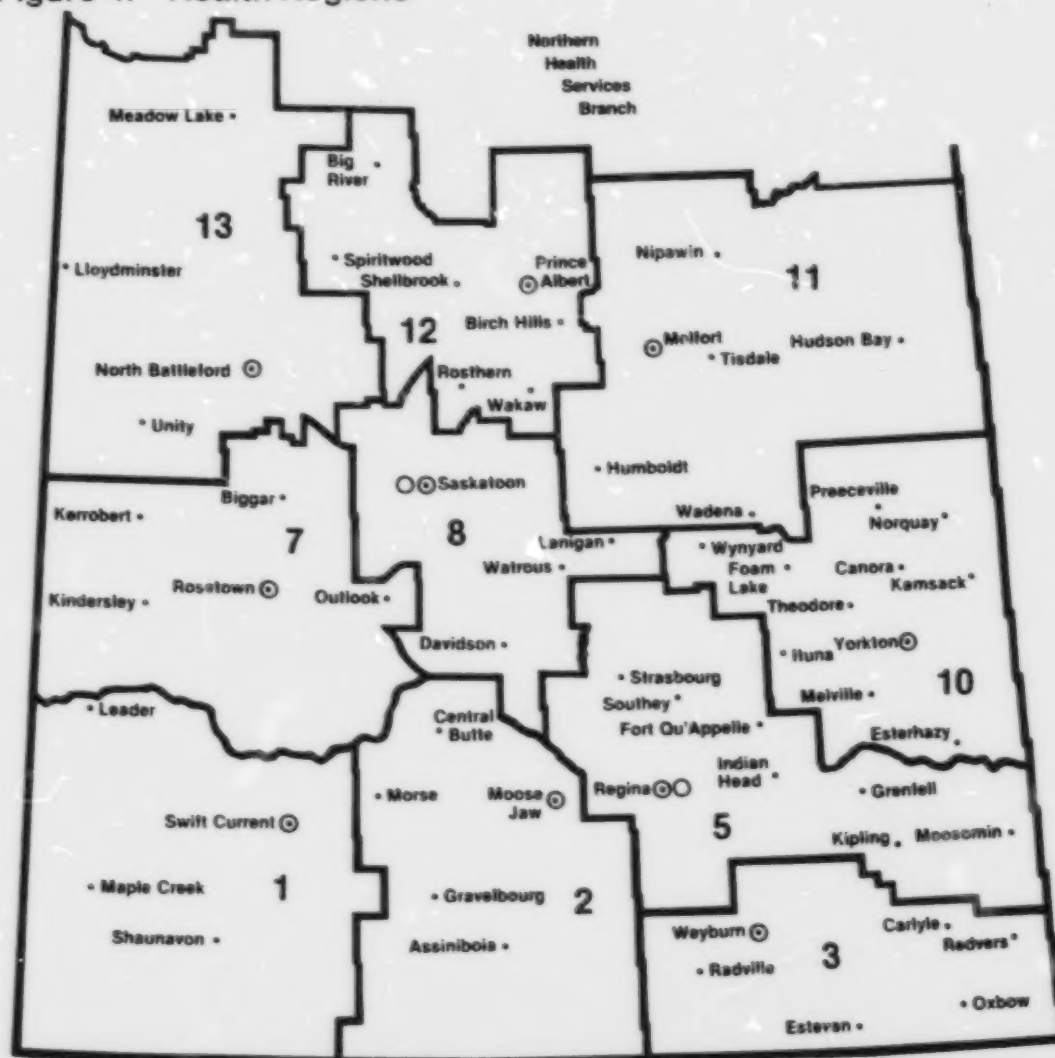
full-time clinics in Yorkton, Moose Jaw, Prince Albert and North Battleford. In addition there are regularly scheduled community-based clinics in the other health regions and in northern Saskatchewan.

Two primary depots in Regina and Saskatoon provide services of the Saskatchewan Aids to Independent Living (SAIL) Plan with sub-depots

established in the health regions as well as in La Ronge and Uranium City.

The central co-ordinating office is in Regina. This office is responsible for the overall operation, administration and co-ordination of community-based services and activities. It also provides central consultative and support services to the regions.

Figure 4. Health Regions



Key for Health Regions:

- No. 1 Swift Current (49,079)
- No. 2 Moose Jaw-Assiniboia-Gravelbourg (70,057)
- No. 3 Weyburn-Estevan (52,260)
- No. 5 Regina Rural (75,506)
- No. 7 Rosetown-Biggar-Kindersley (42,363)

Note: Population served is given in parentheses — SHSP Covered Population at June 30, 1985 including Registered Indians and excluding Northern Saskatchewan.

- ⊙ Regional Office
 - District Office
 - City Health Office
- June, 1985

- No. 8 Saskatoon Rural (49,504)
- No. 10 Yorkton-Melville (82,262)
- No. 11 Melfort-Tisdale (74,831)
- No. 12 Prince Albert (80,936)
- No. 13 North Battleford (82,852)
- Regina City (175,150)
- Saskatoon City (175,859)

Activities and Services

Community-Based Services

Public Health Nursing Services

Objective — To provide a family-centred community-based program designed to promote healthful living at every stage of life.

Direct service is delivered by 142 Public Health Nurse Is and 10 Public Health Nurse IIs, working from 57 offices in 10 health regions. One Regional Nursing Supervisor in each region manages the programs provided by her staff. The Director and three Public Health Nurse Consultants, located in central office (Regina), work closely with regional nursing supervisors in taking prime responsibility

Table 2. Immunizations by Public Health Nurses, Saskatchewan Health Regions, 1984-85 and 1985-86

Vaccine	Total		Infants		Preschool		School children		Adults	
	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86
Total	136,350	139,703	55,790	54,094	51,738	56,656	26,302	26,218	2,520	2,735
D.P.T.*	47,232	48,865	28,147	26,875	19,085	21,990	—	—	—	—
D.T.**	12,801	13,161	220	357	1,331	1,418	10,872	10,948	378	438
Oral Polio	59,975	62,062	27,423	26,862	21,216	23,512	11,171	11,311	165	377
M.M.R.***	11,588	11,474	—	—	10,016	9,614	1,571	1,853	1	7
Mumps	271	196	—	—	81	75	181	112	9	9
Measles (Rubeola)	46	102	—	—	9	47	37	55	—	—
Rubella	2,487	1,912	—	—	—	—	2,470	1,903	17	9
Others	1,950	1,931	—	—	—	—	—	36	1,950	1,895

* Diphtheria, Pertussis, Tetanus.

** Diphtheria, Tetanus.

*** Measles, Mumps, Rubella.

Table 3. Selected Public Health Nursing Statistics, Saskatchewan Health Regions, 1984-85 and 1985-86

	Total		Infants		Preschool		School Children		Adults (under 65)		Adults (65 and over)		Other***	
	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86
Child Health Conference														
Attendance	83,206	76,098	42,124	31,311	41,082	44,787	—	—	—	—	—	—	—	—
Immunizations	136,350	139,437	55,790	54,094	51,738	56,656	26,302	26,218	2,520	2,735	—	—	—	—
D.D.S.T.*	46,937	43,721	20,237	15,313	26,700	28,408	—	—	—	—	—	—	—	—
School Programs														
Teacher Nurse Conference	11,559	10,400	—	—	—	—	11,559	10,400	—	—	—	—	—	—
Students seen	35,225	43,512	—	—	—	—	35,225	43,512	—	—	—	—	—	—
Education programs — students attending	13,616	12,249	—	—	—	—	13,616	12,249	—	—	—	—	—	—
Discussion with parents of students	10,218	8,780	—	—	—	—	10,218	8,780	—	—	—	—	—	—
Home Visits														
— Prenatal	1,881	1,700	—	—	—	—	—	—	1,881	1,700	—	—	—	—
— Postnatal	6,091	7,561	—	—	—	—	—	—	6,091	7,561	—	—	—	—
— Special**	7,270	6,297	—	—	—	—	—	—	—	—	—	—	7,270	6,297
— Communicable disease	617	2,486	—	—	—	—	—	—	—	—	—	—	617	2,486
— Other	717	8,784	—	—	—	—	—	—	—	—	—	—	717	8,784
Referrals	11,150	9,084	—	—	—	—	—	—	—	—	—	—	11,150	9,084
Group education meetings	568	578	—	—	—	—	—	—	—	—	—	—	568	578
Prenatal classes														
— Women enrolled	2,734	3,487	—	—	—	—	—	—	2,734	3,487	—	—	—	—
— Attendance	9,763	11,788	—	—	—	—	—	—	9,763	11,788	—	—	—	—
— Men enrolled	2,264	2,977	—	—	—	—	—	—	2,264	2,977	—	—	—	—
— Attendance	7,352	9,581	—	—	—	—	—	—	7,352	9,581	—	—	—	—

* Denver Developmental Screening Test.

** Includes SAIL, Home Care, mentally ill, physically disabled, mentally disabled.

*** Unidentified Age Groups.

for provincial program planning and evaluations, as well as other administrative and consultative duties.

Prenatal and child health services are priorities, with emphasis placed on immunization, screening, teaching and counselling in home and classroom settings. Other services include postnatal home visits, child health conferences and school health services. These services are provided through health appraisals, screening programs, teaching, counselling, referral and liaison services.

A Preschool Core Services Program was implemented January 1. This program targets infants and preschoolers for specific services at specific ages. The services are offered at the child health conference settings. The services provided are immunization, physical assessments, developmental screening, nutrition assessments, vision screening, hearing screening, and speech and language screening. The program ensures that every infant and preschooler is offered a consistent core service across health regions.

Public Health Inspection Services

Objective — To safeguard public health and safety endangered by physical, chemical and biological hazards. Services include educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act. Regular inspections are carried out on apartment blocks, bakeshops, barber and beauty culture establishments, abattoirs, hotels and motels, mobile home parks, plumbing and drainage systems, public eating establishments, sawmill, lumber and mining camps, swimming pools, tourist accommodations, and milk pasteurization plants. Other areas of responsibility include shoreland pollution control, general sanitation, fumigation with hydrocyanic acid and abandoned refrigerators.

Inspections are carried out for a wide variety of conditions in institutions, retail stores, recreation areas, etc. Inspection and consultative services are

Table 4. Number of Facilities and Actual On-Site Visits or Inspections, Public Health Inspection Services, Saskatchewan Health Regions, 1984-85 and 1985-86

Type of activity	Number of facilities		Number of field visits		Number of formal inspections	
	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86
Eating establishments	2,532	2,563	4,790	4,022	2,741	2,816
Food distribution	1,295	1,294	1,478	805	871	707
Food processing	251	270	354	307	187	206
Liquor outlets	611	619	1,038	817	595	559
Communal water system	*378†	1	598†	71	212†	—
Private water supply	—	—	348	343	—	—
Public water supply	385	385	474	187	149	138
Communal sewerage systems	*306	3	146†	74	231†	—
Private sewerage systems	—	—	1,119	1,170	—	—
Public sewerage systems	*28	3	94	88	10	3
Solid waste disposal	*—†	—	730†	159	340†	—
Liquid waste transport	*128	3	57†	8	15†	—
Hospitals	127	122	90	83	60	49
Schools	753	744	124	153	195	119
Institutions	433	441	192	165	261	230
Housing	—	—	1,223	1,130	—	—
Mobile home parks	105	108	111	143	76	89
Trailer courts	55	52	85	68	54	29
Hotels	466	464	507	388	483	476
Motels	217	216	146	139	208	225
Industrial facilities	17	13	82	77	8	11
Swimming pools	240	256	905	985	254	298
Agricultural facilities	—	—	194	152	—	—
Personal service facilities	600	628	164	183	234	236
Recreational facilities	894	925	1,325	1,041	587	561
Public facilities	244	274	339	378	54	66
Plumbing	—	—	5,404	4,836	—	—
Investigations	—	—	1,020	726	—	—
Total	10,065†	9,384	23,137	18,698	7,825	6,818

* Responsibility for these facilities was transferred to Saskatchewan Environment during 1983-84.

† Correction of an error in 1985 annual report.

also provided to other agencies. These agencies include schools, hospitals, intensive livestock operations, day care centres, special-care homes and approved homes. Microwave ovens in commercial establishments are also checked regularly for Occupational Health and Safety Division, Saskatchewan Labour.

Inspections relating to food are directed at food manufacturing operations, storage facilities, transportation systems and retailing operations. In 1985-86 there were 2,563 public eating establishments located within the 10 health regions for which 6,838 inspections and field visits were conducted.

Public health inspectors monitor all public non-municipal water and sewage treatment facilities to reduce the risk of water or sewage-borne disease. All private sewage systems, especially those located in environmentally sensitive locations such as shoreline areas, are inspected during construction and upon request.

Public health inspectors enforce regulated standards for site planning of offensive trades and provide assistance to other government agencies in monitoring various emissions and in performing field inspections.

To ensure that public facilities are free from physical, chemical or biological hazards, this branch regularly and continuously monitors public accommodations, residential facilities and personal service establishments. Such monitoring ensures compliance with minimum standards of ventilation, sanitary facilities, water supplies, waste disposal, and insect, rodent and vermin control.

This year public health inspectors conducted two major training courses:

1. The Saskatchewan National Sanitation Training Program for food service workers was taught throughout the province. Since this program began in 1974, approximately 6,900 food service workers have completed this course successfully.
2. A course for swimming pool operators, covering various aspects of water treatment and pool management. Since 1975, more than 1,600 certificates have been issued with 290 successful candidates in 1985-86.

In addition, brochures, pamphlets and news articles on food, water pollution, shoreland pollution control and offensive trade practices are routinely produced and distributed.

Nutrition Services

Public health nutritionists provide educational and consultant services to health professionals, community leaders and groups, and members of the public. The purpose is to encourage individuals to make food choices which will help them to achieve and maintain good health. This ranges from nutrition for optimum growth in pregnancy and childhood to reduction of risk of heart disease, diabetes and cancer in the adult years.

During 1985-86, the public health nutritionists were involved in:

- Prenatal and infant nutrition education. The health of mother and child is affected by prenatal nutrition, breastfeeding, and infant feeding practices.

Table 5. Nutrition Services, Saskatchewan Health Regions, 1984-85 and 1985-86

Activity	1984-85		1985-86	
	Services	Attendance	Services	Attendance
I. Nutrition education:				
A. Group discussions, talks, workshops for community and professional groups	247	5,255	317	6,113
B. Mass media, special materials production				
Radio and television	95		132	
Newspaper (distributed to all provincial weekly papers)	60		76	
Other	49		159	
II. Individual counselling:				
A. Clients counselled	497		202	
B. Clients screened	*		283	
C. Consultations re: clients	161		93	
III. Consultative services provided to Community Health Services staff, other health professionals, educational institutions, and general public	4,222		4,800	

* Statistics are not available.

— Nutrition programs for children. There is a nutrition section in the new Preschool Core Services program. Workshops and resources have been offered to teachers with particular emphasis on the new Division III Health Curriculum.

— Nutrition programs for adults. Workshops for leaders of weight control groups continued to be very popular. A number of Home Care Districts were provided with inservice for their staff.

— Media programs. The public health nutritionists write weekly columns for distribution to newspapers throughout the province. They also provide information through radio and television.

— Publications. Some of the demand for nutrition information is met through pamphlets and other resource material. Two sections for the Saskatchewan Dietetic Association Diet Manual were written and additional materials were developed for the new Division III Health Curriculum.

— Community programs. Nutritionists also participate as guest speakers, panelists, and seminar organizers in community programs.

Early Childhood Psychology Services

Objective — The prevention or amelioration of developmental problems in the preschool population. Developmental problems may be attributed to cognitive disabilities, neurological dysfunctions, sensory and/or physical impairments, and/or inappropriate parent-child relationships.

The Early Childhood Psychology Program is based on the assumption that development is not fixed or static but that it can be enhanced through intervention. The program emphasizes the provision of services to infants, preschool children and their parents with the primary focus on intervention at the earliest possible age.

Casework is the core of the Early Childhood Psychology Program. Developmental assessments, parent guidance and counselling and short-term therapy are provided. The Early Childhood Psychologists co-ordinate services with the public health nurses, speech and language pathologists and regional nutritionists. Consultation is provided to parents, agencies and community groups; in particular to Early Childhood Intervention programs.

Regional support, in liaison with other specialized services, is provided to parents with high-risk and developmentally delayed preschool children.

The Early Childhood Psychology Program promotes the prevention of developmental problems by media work, parent education

programs and presentations to various community groups about early childhood development. The establishment of community resources for preschool children is actively promoted.

The Early Childhood Psychology Program is currently reviewing program objectives and will have revised objectives operationalized for 1987.

Speech and Language Pathology Services

Objective — To identify and intervene with communication disorders as early as possible, through public education, diagnostic services, therapeutic services, counselling and consultative services. Speech-language pathologists offer services to people experiencing a delay or disruption in their ability to communicate orally, in terms of articulation, language, fluency or vocal quality. The delay or disorder may or may not be organically-based and can occur in isolation or in conjunction with other disabilities.

Most services are delivered in the health regions' central and district health offices. Although preschool children are the priority, limited service is also provided to school-aged children and adults. At year end, preschool children comprised 89 per cent of the caseload, school-aged children, three per cent, and adults, eight per cent.

Table 6. Community Health Services Branch, Speech and Language Pathology Caseload by Age Group Comparison, March, 1985 and March, 1986

	March, 1985		March, 1986	
	#	%	#	%
Preschool	979	84	1,392	89
School Age	78	7	47	3
Adult	112	9	125	8
Total:	1,169	100	1,564	100

Chiropody Program

The Saskatchewan Chiropody Program, initiated in 1984, provides services in each of the province's ten health regions. There are now ten main chiropody clinics and 23 satellite chiropody clinic locations throughout the province.

Chiropody is the profession dealing specifically with problems of the human foot by medical, mechanical and minor surgical means.

The service is primarily directed towards the elderly. However, all age populations have access to the service upon referral from their family physician, public health nurse or home care nursing co-ordinator.

Any Saskatchewan resident with a valid health services card is eligible to receive professional services at no charge. Where special footwear or orthotics are required, these are charged to the patient at the actual purchase price.

Program chiropodists are also actively involved in providing educational and instructional services to health professionals, community groups and members of the general public upon request.

Table 7. Community Health Services Branch Chiropody Program Caseload 1984-85 and 1985-86

	1984-85*	1985-86
New Patients	5,817	8,187
Return Patients	10,203	31,811
Total Patient Services:	16,020	39,998
Active Caseload	4,650	11,219
Number of orthotics fitted	204	485

*Correction of preliminary figures from 1984-85 Annual Report.

Saskatchewan Hearing Aid Plan

Objective — To provide comprehensive audiological and technical support services throughout the province, through hearing tests, provision of hearing aids where appropriate and technical support services when required.

There is no direct charge for hearing tests to Saskatchewan residents. Hearing aids, batteries and related accessories are sold at SHAP's direct purchase cost. The average cost of a hearing aid through SHAP was \$165.00 in 1985-86.

Table 8. Saskatchewan Hearing Aid Plan Services, 1984-85 and 1985-86

Service	1984-85	1985-86
Total	28,974	26,892
Audiological evaluations	8,380	8,104
Hearing aid evaluations	3,930	3,455
Hearing aid checks	1,602	1,647
Drop-in services	15,062	13,686

Two main clinics in Regina and Saskatoon and regularly scheduled regional clinics provide services to Saskatchewan residents. Audiologists perform hearing tests on patients of all ages starting as young as three to four months. Audiometric technicians fit hearing aids and provide follow-up services.

SHAP continues to provide FM hearing aids (auditory trainers) to hearing impaired preschool children.

SHAP audiologists maintain an ongoing working relationship with Saskatchewan Education, local school boards, hearing consultants, the School for the Deaf, preschool habilitation programs, speech-language pathologists, public health nurses and a variety of medical sources.

Repair service is available for hearing aids purchased from SHAP or from other sources. Minor repairs are provided free of charge, while major repairs are done at a reasonable cost. Loaner aids are available at no charge to the patient.

Saskatchewan Aids to Independent Living Plan

Objective — To provide aids and services to the handicapped and disabled residents of Saskatchewan.

Saskatchewan residents who possess a valid Saskatchewan Health Services Card and who are referred to the plan by a regional health professional are eligible for registration with the SAIL program.

Program administration, repair services and long-term equipment loans are handled through the primary SAIL depots in Regina and Saskatoon. In addition, a network of equipment sub-depots deliver short-term equipment loan services to rural and northern residents.

In 1985-86 SAIL continued to deliver the following services to Saskatchewan residents:

Universal equipment services:

- wheelchairs, ambulatory aids, environmental aids and respiratory equipment on a free-loan basis for as long as required;
- cost coverage for the manufacture and repair of prosthetic and orthotic appliances which were manufactured at the approved provincial workshops; and,
- preventive maintenance and repair services for both SAIL and privately owned equipment at no cost to the individual.

Special Benefits services:

In addition to these universal equipment services, the SAIL Plan administers the Special Benefits programs for individuals who are handicapped or disabled because of specific diseases. SAIL services include:

- cost coverage of disease-related non-formulary drugs (including the prescription dispensing fee),
- cost coverage of disease-related medications and supplies,
- specialized equipment required by the blind, and
- specialized equipment not included under the universal program.

Three standing committees, the SAIL Advisory Committee, the SAIL Equipment Sub-Committee, and the Visual Equipment Committee, provide

advice and direction on program policies and service delivery, and assessment of new technology and equipment.

Table 9. Saskatchewan Aids to Independent Living Plan Services, 1984-85 and 1985-86

Equipment group	Equipment issues	
	1984-85	1985-86
Total	28,223	31,150
Wheelchairs	2,650	2,922
Other mobility aids	5,339	5,740
Environmental aids	16,718	18,128
Respiratory equipment	2,979	3,552
Other equipment	537	808

Central Support Services

Objective — To support direct community-based programs.

Communicable Disease Control Division

The Communicable Disease Control Division serves as a control, consultative and support service, a supply and distribution centre for vaccine, sera and biologicals; and a centre for the collection and analysis of communicable disease statistics.

Effective March 1, 1986, the Communicable Disease Control Division was transferred from the Community Health Services Branch to form a new branch with the Provincial Laboratories.

Hepatitis A:

The 864 cases reported in 1985 was the largest number reported since 1970 when 1,086 cases were reported. A gradual decline was seen until 1982, followed by an increase in the last three years.

Hepatitis B:

Hepatitis B vaccine continued to be supplied to high-risk patients and health care workers; 1,571 series of vaccine were distributed during the fiscal year 1985-86. Immunization consists of a series of three doses of vaccine over a seven-month period. Since the start of the program, 1,744 individuals have received completed courses of the vaccine.

The program is primarily to protect health care workers from contracting the disease.

Rabies:

In 1985, 88 persons received human diploid cell rabies vaccine following exposure to potentially rabid animals. This is an increase from 62 persons vaccinated in 1984. Rabies in humans can be prevented with rabies vaccine. The proof — the last human case in Saskatchewan was in 1970.

Measles:

The special effort undertaken by Saskatchewan Health over the last three years to achieve and maintain high levels of immunization continues to pay off. Only 11 cases of the disease were notified in Saskatchewan in 1985.

Salmonellosis:

The number of reports of salmonella infection declined to 199 in 1985 compared with 495 in 1984. Most cases reported were of a sporadic nature with fewer outbreaks being reported.

Western Equine Encephalitis (WEE):

No human case was reported in 1985. The WEE surveillance program identified a low level of WEE virus in mosquitoes during the summer of 1985. The surveillance program and promoting of mosquito control programs continue.

Sexually Transmitted Diseases:

During the last 10 years the number of cases and the rate per 100,000 for gonorrhoea and syphilis in Saskatchewan have markedly declined. In May, 1984, chlamydial infections became notifiable. These cases are beginning to approach the

number of gonorrhoea cases in the province, with a reported rate for 1985 of 108.4 per 100,000 compared with a rate of 192.1 per 100,000 for gonorrhoea in the same year.

Acquired Immunodeficiency Syndrome (AIDS):

In 1985, 4 cases were reported, compared to 1984 when Saskatchewan's first case was notified. The incidence rate of clinical AIDS in Saskatchewan remains lower than the national average.

Epidemiology

During 1985-86 a wide variety of epidemiological studies were undertaken. These centred largely around studies made possible by the extensive Saskatchewan Health databases. Of particular note were the collaborative drug epidemiology

studies carried out in conjunction with the Saskatchewan Prescription Drug Plan and using its database.

a) Drug Epidemiology

— A longitudinal study of abnormal birth outcomes associated with mothers who received anticonvulsant drugs was started in collaboration with Health and Welfare Canada.

— A large research project in which the adverse outcomes associated with the use of non-steroidal anti-inflammatory drugs (NSAID'S) was undertaken in collaboration with a major pharmaceutical manufacturer. An initial study showed little increased risk for kidney disease in users compared with non-users. A second study on the relationship of NSAID'S to gastro-intestinal disease is under way.

Table 10. Reported Cases and Deaths from Selected Notifiable Communicable Diseases, Saskatchewan, 1981 to 1985

	Yearly Distribution									
	1981		1982		1983		1984		1985	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acquired Immunodeficiency Syndrome	—	—	—	—	—	—	1	—	4	2
Amoebiasis	15	—	9	—	18	—	17	—	26	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	6	—	4	—	—	—	—	—
Diphtheria Carrier	5	—	—	—	—	—	—	—	—	—
Gastroenteritis	1,415	1	900	1	418	—	778	2	591	1
Giardiasis	61	—	92	—	112	—	254	—	215	—
Gonorrhoea	2,695	—	2,467	—	2,029	—	1,814	—	1,958	—
Hepatitis A	118	—	83	—	140	—	777	—	864	2
Hepatitis B	92	—	161	1	109	2	107	3	143	1
(a) Hepatitis B Carrier	—	—	—	—	58	—	86	—	64	—
Leprosy	1	—	—	—	—	—	—	—	—	—
Malaria	4	—	4	—	1	—	1	—	5	—
Measles	63	—	37	—	2	—	10	—	11	—
Meningococcal Infections	3	1	3	2	7	—	3	2	2	—
Meningitis Bacterial										
Haemophilus	23	—	37	1	31	2	36	—	17	2
Pneumococcal	6	—	9	—	9	—	7	1	7	—
Other	19	2	19	1	8	1	15	1	9	1
Meningitis, Viral or Aseptic	48	1	147	2	71	1	138	—	27	—
Mumps	158	—	131	—	41	—	21	—	23	—
Pertussis	84	—	7	—	16	—	31	—	43	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	72	—	65	—	81	—	31	—	27	—
Congenital Rubella	—	—	—	—	—	—	—	—	—	—
Salmonellosis	248	—	458	1	832	—	495	1	199	1
Shigellosis	674	—	620	—	281	—	324	1	252	—
Syphilis	20	—	22	—	23	—	28	—	19	—
Tuberculosis	96	8	91	2	99	4	94	7	123	5
Typhoid and Paratyphoid Fevers	2	—	1	—	1	—	5	—	3	—

(a) Notifiable as of 1983

Table 11. Reported Cases and Deaths from Selected Notifiable Communicable Diseases, Actual Rates per 100,000 Population, Saskatchewan 1981 to 1985

	Yearly Distribution									
	1981		1982		1983		1984		1985	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Acquired Immunodeficiency Syndrome	—	—	—	—	—	—	0.1	—	0.4	0.2
Amoebiasis	1.6	—	0.9	—	1.8	—	1.7	—	2.3	—
Brucellosis	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	0.6	—	0.4	—	—	—	—	—
Diphtheria Carrier	0.5	—	—	—	—	—	—	—	—	—
Gastroenteritis	146.1	0.1	91.7	0.1	41.8	—	75.6	0.2	58.0	0.1
Giardiasis	6.3	—	9.4	—	11.2	—	24.7	—	21.1	—
Gonorrhoea	278.3	—	251.4	—	202.9	—	176.3	—	192.1	—
Hepatitis A	12.2	—	8.5	—	14.0	—	75.5	—	84.8	0.2
Hepatitis B	9.5	—	16.4	0.1	10.9	0.2	10.4	0.3	14.0	0.1
(a) Hepatitis B Carrier	—	—	—	—	5.8	—	8.4	—	6.3	—
Leprosy	0.1	—	—	—	—	—	—	—	—	—
Malaria	0.4	—	0.4	—	0.1	—	0.1	—	0.5	—
Measles	6.5	—	3.8	—	0.2	—	1.0	—	1.1	—
Meningococcal Infections	0.3	0.1	0.3	0.2	0.7	—	0.3	0.2	0.2	—
Meningitis Bacterial										
Haemophilus	2.4	—	3.8	0.1	3.1	0.2	3.5	—	1.7	0.2
Pneumococcal	0.6	—	0.9	—	0.9	—	0.7	0.1	0.7	—
Other	2.0	0.2	1.9	0.1	0.8	0.1	1.5	0.1	0.9	0.1
Meningitis, Viral or Aseptic	5.0	0.1	15.0	0.2	7.1	0.1	13.4	—	2.7	—
Mumps	16.3	—	13.4	—	4.1	—	2.0	—	2.3	—
Pertussis	8.7	—	0.7	—	1.6	—	3.0	—	4.2	—
Poliomyelitis	—	—	—	—	—	—	—	—	—	—
Rubella	7.4	—	6.6	—	8.1	—	3.0	—	2.7	—
Congenital Rubella	—	—	—	—	—	—	—	—	—	—
Salmonellosis	25.6	—	46.7	0.1	83.2	—	48.1	0.1	19.5	0.1
Shigellosis	69.6	—	63.2	—	28.1	—	31.5	0.1	24.7	—
Syphilis	2.1	—	2.2	—	2.3	—	2.7	—	1.9	—
Tuberculosis	9.9	0.8	9.3	0.2	9.9	0.4	9.1	0.7	12.1	0.5
Typhoid and Paratyphoid Fevers	0.2	—	0.1	—	0.1	—	0.5	—	0.3	—
(b) Population	968,300		981,400		1,000,000		1,029,000		1,019,500	

(a) Notifiable as of 1983

(b) Statistics Canada population figures (revised 1982)

1981-84 — Final Mortality figures of Saskatchewan Residents (Statistics Canada)

1985 — Preliminary Mortality figures (Saskatchewan Occurrences only)

— Because of concern over the teratogenic potential of a new anti-acne drug Accutane a study was undertaken to see if there was any evidence of adverse effects in Saskatchewan. Although the drug had only been in use for a short time no evidence of its misuse in women of childbearing years was found.

b) Saskatchewan-Nova Scotia Heart Disease Study

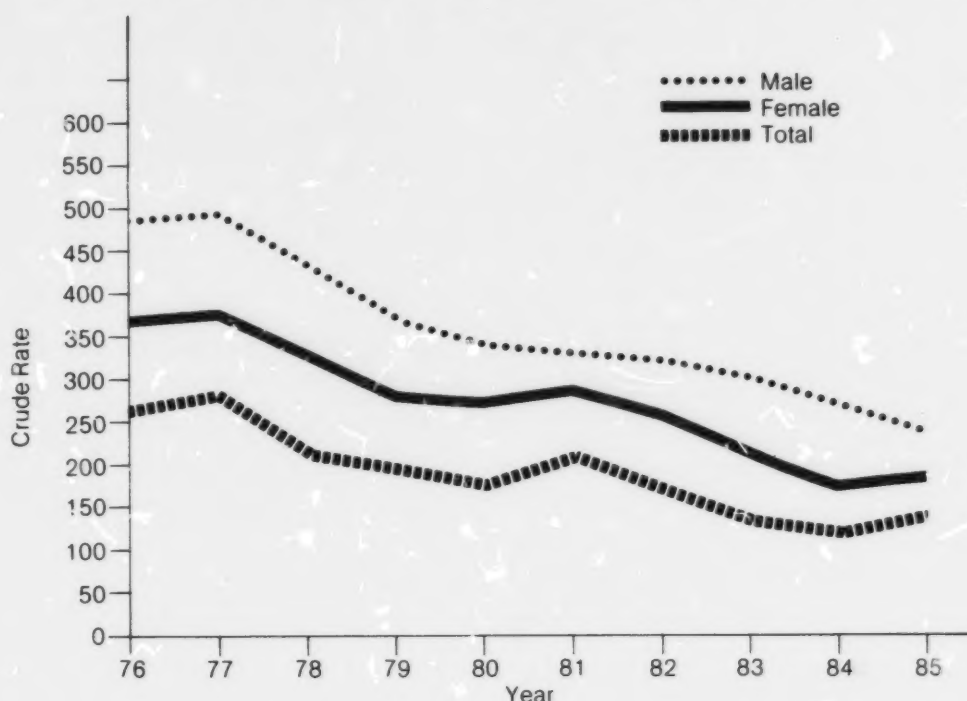
— The initial phase of this study which involved linking hospital morbidity data and vital statistics death registry data was completed. The study confirmed that not only

is the age-adjusted death rate for acute myocardial infarction (heart attack) low, but the age-adjusted hospitalization rate for this disease is also low compared with Nova Scotia and the rest of Canada. The second phase of the study will concentrate on possible risk (or beneficial) factors which would account for the difference.

c) Pertussis Vaccine Study

— Due to concern over adverse reactions in infants to diphtheria, pertussis and tetanus (DPT) vaccine due to the pertussis component, a study was commenced to examine any

Figure 5. Crude Incidence Rate For Sexually Transmitted Disease, (per 100,000 population), Saskatchewan, 1976 to 1985



possible association between the vaccine and neurological illness in children less than 3 years of age. A recent British study has quantified this risk at 1:300,000 which is very much lower than the risk from the disease itself in people who are not vaccinated. The Saskatchewan study will attempt to confirm the efficacy of the vaccine within the province.

Rheumatic Fever Prophylaxis Program

Penicillin, sulfadiazine or erythromycin is offered to all known sufferers of rheumatic fever as a prophylactic against further streptococcal infection. Antibiotics are continued for a period of five years if no carditis occurs, or for life, if in addition, rheumatic heart disease is present. Certain groups whose profession puts them at risk, such as nurses and teachers, are continued on the program even if there is no carditis. Currently 562 people are on the program compared to 624 in 1985.

Medical Services Division

The Medical Services Division administers the payment of accounts for non-insured health

services to persons who Saskatchewan Social Services nominates to the Supplementary Health Program. Beneficiary classifications include Saskatchewan Assistance Plan beneficiaries, government wards, inmates of provincial correctional institutions and non-recipients of social assistance benefits 65 years and older, who are in Level 2, 3 or 4 special-care homes or long-term hospital care, and whose income is at or below the Saskatchewan Income Plan level.

Beneficiaries

Over the past few years, the number of beneficiaries receiving coverage for non-insured health benefits has been increasing. The following table shows the average annual caseload of supplementary health services beneficiaries from 1983-84 to 1985-86:

Year	Beneficiaries
1983-84	62,711
1984-85	66,071
1985-86	66,809

These figures do not include inmates of correctional institutions.

Table 12. Total Program Expenditures*, Medical Services Division, 1983-84 to 1985-86

Year	Total	Physician services	Drugs, medical supplies and appliances	Optical services	Medical transport
1983-84	\$1,598,660	78,870	958,220	561,570	
1984-85	2,711,000	123,440	1,052,910	595,760	938,890**
1985-86	3,282,940	111,230	1,098,440	647,730	1,425,540

* Excluding program administration costs. Historical expenditure figures will differ from those published in previous annual reports as they have been revised to include expenditures for correctional inmates.

** Responsibility transferred from Social Services effective May, 1984.

Benefits

Beneficiaries are provided with a health services card and a supplementary health card. The health services card entitles beneficiaries to all benefits of the universal health programs.

The supplementary health card further entitles beneficiaries to the following comprehensive range of non-insured services:

Medical Services

Medical Services pays for non-insured third-party medical examinations requested by Saskatchewan Social Services. These examinations are to determine level of required nursing care, rehabilitation potential or employability.

Dental Services

Coverage includes preventive, restorative, exodontic, orthodontic and prosthetic dentistry but does not include payment for services that are available to children under the Saskatchewan Dental Plan. Payments are made on the basis of a schedule negotiated with the College of Dental Surgeons of Saskatchewan. Saskatchewan Dental Plan issues a detailed annual report.

Drug and Appliance Services

Three plans provide Supplementary Health Program drug benefits.

Plan One — All beneficiaries may obtain the following prescribed drugs without charge: insulin, oral hypoglycemics, injectable vitamin B12, birth control pills, allergenic extracts and products used in megavitamin therapy.

Before May 1, 1984, beneficiaries paid the normal prescription charge on all other formulary products and the full cost of prescription drugs that are not on the formulary of the Saskatchewan Prescription Drug Plan. On May 1, 1984, all formulary drugs were made available to Plan One beneficiaries at a reduced prescription charge.

Plan Two — In addition to the benefits under Plan One, the beneficiary may receive, without charge, any prescribed drug on the Saskatchewan Prescription Drug Plan formulary. All persons under 18, rehabilitation cases, unmarried mothers, transients and individuals with unusually high drug requirements are eligible for Plan Two.

Plan Three — In addition to the benefits under Plans One and Two, the beneficiary may receive most non-formulary drugs without charge. This coverage is granted to nursing and approved community home residents, child wards and provincial correctional inmates.

Medical Services pays the full cost of most medical supplies and appliances prescribed by a physician which are not benefits under the SAIL Plan.

Optical Services

MCIC pays for refractions as an insured service.

Medical Services pays for eyeglasses on behalf of eligible beneficiaries whether provided by an optometrist or ophthalmic dispensary. Payment is made on the basis of laboratory costs plus a dispensing fee. Repairs and dispensing fees are paid according to negotiated payment schedules and there is an upper limit on the amount paid for eyeglass frames.

Medical Transportation

On May 1, 1984, the payment responsibility for certain social assistance transportation costs was transferred from the Department of Social Services to the Medical Services Division. Benefits include coverage for emergency medical transportation by road ambulance and the Saskatchewan Government air ambulance service. Additional coverage is provided to clients in northern Saskatchewan in the form of long-distance medically related transportation by other types of commercial carrier subject to pre-authorization by local health personnel.

Consultative Services

Medical

Objective — To provide expert medical consultation to physicians, public health nurses, medical health officers and other related agencies regarding child health, communicable disease and immunization programs. The medical consultant acts as liaison with other levels of government, community agencies, health professionals, hospitals and the general public.

Activities include providing technical information along with consultation and advice on health and health-related matters, attending public meetings, speaking engagements and conducting educational seminars for branch and other agency staff.

A Medical Advisory Committee provides a formal mechanism for the provision to the branch director of medical advice and the identification of medical issues affecting the provision of community health services.

Therapeutic Abortions

The Community Health Services Branch has responsibility for maintaining a record of therapeutic (induced) abortions performed in Saskatchewan hospitals and transmitting this information to Statistics Canada on a monthly basis.

In 1985, there were 1,134 therapeutic abortions performed. The number of hospital days continues to decrease.

Speech and Language Pathology

The Director of speech-language pathology provides consultation to the Executive Director and other members of the Branch regarding

speech-language pathology and the Branch program. The Director also interprets program policy to the speech-language pathology staff, regional directors and others.

Nursing

Central office nursing consultants provide consultative services on province-wide community health nursing programs to regional public health nurses, as well as to other health and educational agencies.

Services include providing help in planning, developing, promoting, co-ordinating and evaluating community health nursing programs. Assistance is also provided to develop in-service education and training programs, to establish immunization schedules and to provide professional consultation throughout the regions.

Family Planning

Family planning services are integrated into a number of community health programs. Public health nurses, for example, provide individual and/or group education and counselling for both expectant and new parents.

In 1985-86 grants were provided to Family Life Saskatchewan, Planned Parenthood, Serena Saskatchewan, and Saskatchewan Pro-Life Association.

Chiropody

The Director of Chiropody provides professional consultative services to the Regional Chiropody staff and to the general public.

Services include planning, implementing, co-ordinating, and promoting the Provincial Chiropody Service as well as developing in-service

Table 13. Therapeutic Abortions, Saskatchewan, 1984 and 1985

Age of patient	Number		Married		Single		Separated or divorced		Other		Hospital days	
	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985	1984	1985
Under 15	22	17	—	—	22	17	—	—	—	—	22	1
15	47	24	—	—	47	24	—	—	—	—	11	2
16	64	46	—	1	63	45	—	—	1	—	24	9
17	63	43	—	—	62	43	—	—	1	—	19	3
18	106	86	—	1	105	83	—	2	1	—	49	7
19	128	81	1	3	121	75	3	1	3	2	36	10
20-24	429	436	22	40	346	360	44	29	17	7	57	60
25-29	191	215	39	44	101	124	40	40	11	7	37	41
30-34	87	111	35	52	22	25	26	26	4	8	24	34
35-39	54	60	32	35	5	7	13	17	4	1	21	26
40-44	15	14	8	10	—	1	6	3	1	—	7	6
45+	1	1	1	1	—	—	—	—	—	—	—	—
Total	1,207	1,134	138	187	894	804	132	118	43	25	307	199

education and training programs for program personnel and other health and educational agencies.

Nutrition

The Provincial Nutritionist and Assistant Provincial Nutritionist are consultants for routine and controversial nutrition issues to Public Health Nutritionists, other health care professionals and provincial agencies.

The consultants co-ordinate nutrition programs for the province.

Public Health Inspection

Public Health Inspectors, serving as consultants, concentrate on:

- advisory services on environmental health issues;
- consultation in support of regional public health inspection services; and,
- milk sanitation services.

They review and interpret The Public Health Act relating to food safety, public eating establishments and lodging. They maintain close contact with municipal, provincial, federal and voluntary agencies.

This section provides effective public health control of milk-borne disease by monitoring industry adherence to sanitation measures in handling, pasteurizing and distributing milk and milk products.

Table 14. Compliance to Milk Quality Standards, 1984-85 and 1985-86

Milk quality standards	Per cent compliance	
	1984-85	1985-86
Average	98.50	95.82
Standard plate count*	99.35	99.07
Coliform plate count †	97.80	97.40
Phosphatase test ‡	100.00	100.00
Test for inhibitors**	99.91	99.97
Commingled raw milk count††	95.43	89.14

* Less than 30,000 bacteria per millilitre.

† Less than 3 coliform bacteria per millilitre.

‡ Color equivalent to less than 1 microgram of phenol per millilitre.

** Less than 0.05 units of penicillin per millilitre.

†† Less than 300,000 bacteria per millilitre.

Under Section 44 of The Public Health Act, milk may not be sold, offered for sale or delivered in a city or town having a population of 1,000 or more

unless it has been pasteurized in a plant approved by the Minister of Health. Under provincial legislation, residents may purchase unpasteurized milk directly from a dairy farm for their own use. During 1985-86 only two towns and 16 villages permitted the sale or delivery of raw milk.

A history of milk as a safe food has been established by confidence in pasteurization and reassured by the enforcement of regulations. In decades there have been no reported illnesses attributed to infected pasteurized milk.

Administrative Support Services

The central office provides administrative support services such as personnel administration, budget allocation, expenditure control and the development of data collection and reporting systems to regional health programs.

The Administration Division is responsible for co-ordinating the development of the branch budget and establishing procedures for monitoring expenditures and funds, along with the acquisition of necessary materials and supplies.

Staffing

There were 424.4 approved permanent and non-permanent positions in the Community Health Services Branch as of March 31, 1986, a net increase of 8.1 person-years from March 31, 1985.

Table 15. Approved Person Year Distribution, Community Health Services Branch, 1984-85 and 1985-86

Organizational unit	1984-85	1985-86
Total	416.3	424.4
Health Regions	300.8	328.1
Health Promotion*	5.6	—
Health Protection**	8.7	—
Health Services Program	7.3	7.3
Chiropody***	15.0	—
General Administration	20.1	30.3
Communicable Disease Control	9.1	8.0
Saskatchewan Hearing Aid Plan	30.3	31.3
Saskatchewan Aids to independent Living	19.4	19.4

* Portion of Health Promotion transferred to CHSB Admin. portion to CHEB April 1, 1985.

** Health Protection included in Administration effective April 1, 1985.

*** Chiropody included in Health Regions effective April, 1985.

Finance

Actual revenue and expenditures for 1984-85 and 1985-86 are shown in tables 16 and 17.

Table 16. Revenue, Community Health Services Branch, 1984-85 and 1985-86

Revenue	1984-85	1985-86
Total	\$1,392,652	\$1,618,950
Public Health Tax Levy*	307,091	307,100
Permits, licences	12,866	11,210
Health Promotion		
— Commodity sales	2,208	—
SHAP		
— Hearing aids	609,036	607,640
— Hearing aid batteries	141,682	153,840
— Hearing aid moulds	39,421	37,690
— Hearing aid repairs	65,438	72,670
— Third party recoveries	89,209	101,730
— Auditory trainers	6,120	5,430
— Hearing aid accessories	14,242	14,530
SAIL		
— Commodity sales	29,712	35,660
— V.R.D.P.**	75,627	271,450

* The Public Health Levy is collected and deposited by Saskatchewan Revenue and Financial Services.

** Vocational Rehabilitation Other Disabled Persons

Table 17. Expenditure, Community Health Services Branch, 1984-85 and 1985-86

Distribution	1984-85		1985-86	
	Expenditure	Per cent	Expenditure	Per cent
Total	\$25,640,040	100	\$25,663,150	100
Health Regions	10,555,250	41.2	11,137,700	43.4
Health Promotion*	936,060	3.7	—	—
Medical Services Division	2,988,150	11.7	3,580,860	14.0
General Administration**	1,355,540	5.3	1,441,670	5.6
Grants to other health agencies	1,913,200	7.5	1,922,380	7.5
CD/VD	1,211,880	4.7	1,285,210	5.0
SHAP	1,971,670	7.7	2,058,310	8.0
SAIL	3,952,570	15.4	4,237,020	16.5
Chiroprody**	755,730	2.9	—	—

* Health Promotion transferred to CHEB, 1985-86.

** Included in Regional and Administrative figures beginning 1985-86.

2. Northern Health Services Branch

Objective

The Northern Health Services Branch has, as its mandate, the provision of all health services to

residents of the Northern Administration District through a wide range of programs and services.

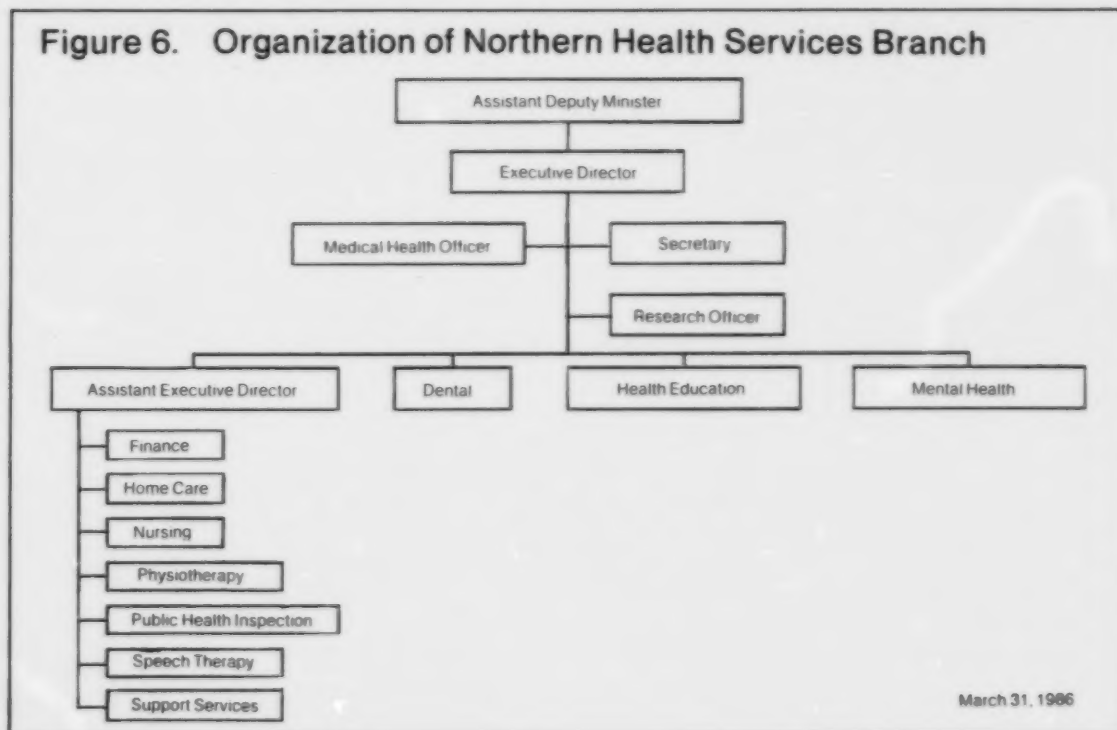
Organization and Administration

Headquartered in La Ronge, the Northern Health Services Branch provides a full range of services to residents of Northern Saskatchewan. In some communities a clinic may be staffed by resident health care professionals; in others, services are provided by regular visits from travelling service delivery personnel.

In those communities where full-time clinics are maintained, the clinic usually offers all or part of the following disciplines:

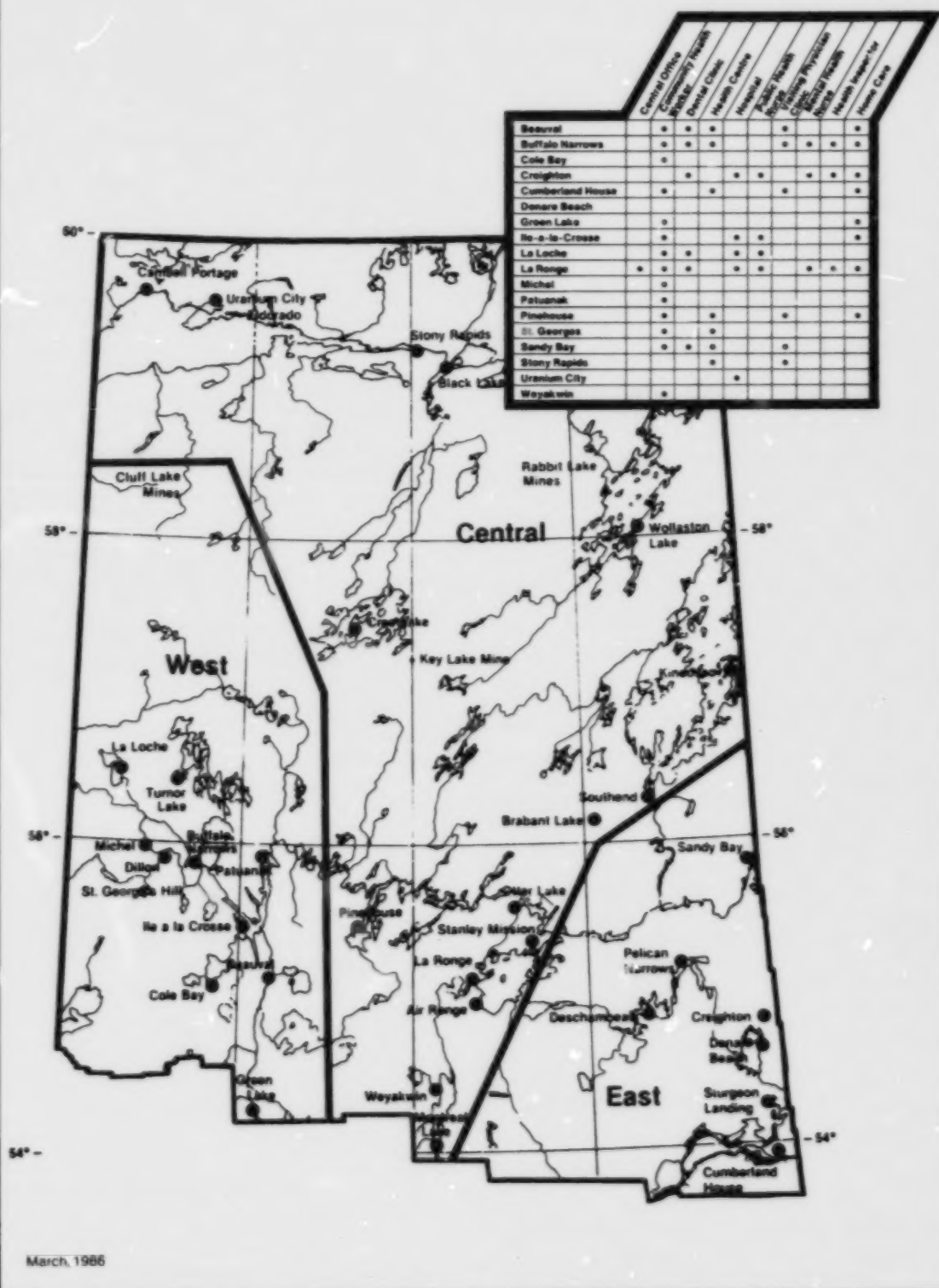
- acute care or public health nursing
- community mental health nursing
- public health inspection
- dental therapists and dental assistants
- visiting physicians and dentists on a regular basis
- clerical and administrative support

Figure 6. Organization of Northern Health Services Branch



March 31, 1986

Figure 7. Northern Health Services Branch Health Regions



Highlights

The planning for the first training course for home care workers using the community college as a facility was started. This course will train northerners to participate in the home care program within their own community.

The services of a Speech and Language Pathologist were acquired. This is the first full-time position in the branch for this type of specialist and will provide a much needed service.

A new home care program came into being in Buffalo Narrows meeting a great demand for this service on the west side.

The service of a supervising dentist for the children's dental program was recruited late in the fiscal year and this will greatly reduce the burden on the program as a whole.

Consultation with community groups was carried on in this fiscal year and has resulted in a number of changes and suggestions for the betterment of health care in the North.

Services and Activities

Public Health Inspection

Objective

To safeguard and improve public health and safety standards in northern Saskatchewan through educational programs, consultation, inspection of facilities and enforcement of regulations under The Public Health Act.

Public Health Inspectors were also involved with programs on nosocomial infections, hepatitis, food-borne illnesses, day care sanitation and hygiene and water supply and sewage disposal for tourist camps. The second annual Golden Garbage Can Challenge was very successful.

Services

During the year, public health inspectors conducted a total of 438 inspections covering food and general sanitation. A total of 84 plumbing permits were issued and a total of 273 operating permits for tourist camps, campgrounds, mobile home courts, motels, institutional camps, hotels and public eating establishments were issued.

Public health inspectors conducted and/or assisted with a number of educational programs including the National Sanitation Training Program which saw 120 food service workers successfully complete the course.

Staffing

The public health inspection program has a program director located in La Ronge and three public health inspectors located in Creighton, La Ronge and Buffalo Narrows.

Table 19. Number of Permits Issued 1985-86

Total	273
Tourist Camps	159
Swimming Pools	2
Hotels	6
Public Eating Establishments	81
Mobile Home Parks	2
Institutional Camps	5
Motels	18

Table 18. Formal Inspections — Northern Health Services Branch

Area	Food Control		General Sanitation		Total	
	1984-85	1985-86	1984-85	1985-86	1984-85	1985-86
West Side	23	68	17	102	40	170
Central	34	56	61	48	95	104
East Side	38	60	92	104	130	164
Total	95	184	170	254	265	438

**Table 20. Field Visits —
Northern Health
Services Branch**

Facility Type	1984-85	1985-86
Food Control	395	470
Private Water and Sewerage Systems	72	151
Housing related	193	249
Tourist and Industrial Camps	76	743
Plumbing	150	153
Other	234	165
Total	1,120	1,931

Mental Health Services

Objective

To provide assessment, intervention, planning and counselling to people with a broad range of social, emotional and mental health problems.

Services

During 1985-86, the mental health program was involved in a number of community-based projects:

- northern suicides at about triple the rate experienced in the province prompted continuing program and community development interventions;
- some success was experienced in co-ordination of various helping professions and assisting in the development of a Mental Health Association branch for the North.

Three community mental health nurses, a speech and language pathologist and the director provided follow-up, medication, escort and medevac services, counselling, family therapy, nursing and psychological assessments. Speech and language assessments, early childhood interventions and co-ordination and community education were also offered.

These services were augmented by about 0.7 person years of visiting mental health professionals and teams from the South.

Dental Program

Objective

To provide dental treatment to non-treaty children between the ages of three and 17 inclusive and to

adults on an emergency basis through a regular program of services.

To provide identical services to enrolled treaty children on a fee-for-service basis with charge-back to the Department of Indian Affairs and Northern Development.

To provide a level of service within the North more equitable with that provided in the South.

To improve the dental health of northern people substantially through treatment and education programs.

Staffing and Organization

From one dentist and one dental team in 1973-74, the program has expanded to its present staffing level of:

- 1 dental director
- 1 supervising dentist
- 1 administrative officer
- 8 dental therapists
- 10 dental assistants

Dental teams are located in La Loche, Beauval, Sandy Bay and Creighton. Two dental teams are located in Buffalo Narrows and in La Ronge. Satellite clinics are located in Turnor Lake, Ile-a-la-Crosse, Pinehouse Lake, Stony Rapids, Weyakwin, Pelican Narrows, and Cumberland House. During the 1985-86 school year, the Green Lake Clinic was turned over to the Saskatchewan Dental Plan in Meadow Lake.

Services

Through the Northern Health Services Dental Program a full range of diagnostic, restorative, surgical and preventive services are offered to patients. Services are performed by dental teams consisting of a dental therapist and a dental assistant and by a supervising dentist who remains responsible for performing all initial examinations, diagnosis and treatment planning. The supervising dentist also supervises the dental team to ensure an acceptable level of quality and personally treats all cases beyond the legal and professional scope of the dental therapist.

Initially, all clinics were located in the local health centres but during 1984 the process of relocating clinics to schools began and during the 1985-86 fiscal year clinics have been completed in La Loche, Buffalo Narrows, Beauval, Creighton and Sandy Bay. This has greatly improved patient access and program delivery. More relocations are planned in the future.

Research

In January 1983, a survey was conducted to assess the dental health status of children in northern Saskatchewan. The results of the survey indicated that the decayed teeth per child ratio for northern children was at least five times that of children in the southern part of the province. An intensive effort was undertaken to improve this situation and a follow-up survey was completed in January of 1986. The results of this survey showed an overall reduction in the decay rate of 18%. Another survey will be completed in the 1988-89 school year to further monitor progress.

Home Care Program

Objective

To develop and to support services in northern Saskatchewan which preserve and maximize the ability of an individual with an assessed need to remain at home and in the community by offering care, support and education; and to encourage and enrich the traditional family and community support systems.

To develop home care as a natural co-ordinator of traditional support services in the community and to align home care with other services such as private care homes, senior day centres, physiotherapy, occupational therapy and visiting specialist services. To optimize the non-institutional approach to service delivery in the North, there is an emphasis on board and staff education services.

Services

There are 8 home care boards responsible for delivery of home care service in 13 northern communities. Seven of eight boards are autonomous (not affiliated with a council or other organization).

Effective September 1, 1985, Weyakwin Home Care was amalgamated with the La Ronge Home Care Program.

Effective August 24, 1985, Buffalo Narrows Home Care Services Inc. received funding to deliver a home care service.

Home Care Funding

Northern Health Services Branch paid a total of \$552,400 in grants to the home care corporations in the 1985-86 fiscal year.

Highlights 1985-86

A temporary home care consultant position was filled in early January 1986, with educational and developmental objectives.

An annual conference was held with speakers from 15 agencies who work closely with home care and on orientation to client assessment.

Twenty-five home care workers enrolled in a home care service worker training course sponsored by the West Side Community College, using a Kelsey Institute approved and developed curriculum and funded by N.E.D.S.A. Students attended on a one week in class, five weeks in the field basis. This was the first time home care training was delivered in this fashion.

Table 21. Home Care Services

Community	Services Provided						Client Fees
	M.O.W.	H.M.	M	N	T	P	
Beauval	X	X	X		X		X
Buffalo Narrows	X	X	X				X
Creighton	X	X	X	X		X	X
Cumberland House		X	X				X
Green Lake	X	X	X		X		X
Ile-a-la-Crosse	X	X	X				X
La Ronge	X	X	X	X	X	(Proposed)	X
Pinehouse		X	X				X

Key: M.O.W. — Meals on Wheels or Wheels to Meals

H.M. — Homemaking and Personal Care

M — Handyman

N — Nursing

P — Physiotherapy

T — Transportation

Northern Medical Unit

One of the highlights of the 1985-86 fiscal year was the establishment of the Northern Medical Unit. This cost-shared agreement between the Province (\$1 million annually), the National Health and Welfare Department (\$.45 million) and the University of Saskatchewan was established on July 1, 1985. It is a program to improve physician services to residents of the West Side corridor and in the Athabasca basin. The agreement provides physician, administrative and clerical support to be based in communities and to deliver both resident and visiting physician services to communities and clinics in most northern communities.

The agreement will also deliver the services of specialists on a visiting basis to communities that have not had such services in the past.

Nursing Program

Objectives

The objective of the Nursing Program is:

- to increase public health awareness and the understanding of factors which influence health; to foster adoption of lifestyles which promote well-being and self-management of health; and
- to provide care and treatment to those who are ill or injured.

Organization

The Nursing Program serves a population of nearly 30,000 people in the northern half of the Province. The focus of the program is gradually changing from one of primary care to one of prevention through public health and health education. There are 21 nursing positions (13 primary care, 5 public health and 3 supervisory) as well as 3 health educators and 14 community health workers (5 half time and 9 full time) involved in the program. During the fiscal year, the health educators and community health workers were transferred to nursing to facilitate co-ordination of public health and health education programs in the communities.

Nursing Component

Nursing services are provided on a 24-hour emergency basis by primary care nurses in communities with no resident physician. Regular clinics are held for assessment, treatment or referral. Primary care nurses also provide public health services and health education.

Public health nurses provide health education, health promotion and screening programs.

Pre-school care programs have been revised to include immunization, speech and language, nutrition, Denver Developmental tests, hearing and physical assessment.

Other components of the nursing program include:

- school programs including immunization, vision and hearing screening, special needs screening and educational programs.
- diabetic clinics where numbers of diabetics are located.
- well-elderly clinics
- breast and pap smear clinics
- home visits for teaching and assessment
- clinics in outlying communities covering long distances
- public relations with health committees, local community councils, band officials, etc.
- co-ordination of medical transportation.

Table 22. Child Health Conferences 1985-86

CHCs Held	532
Attendance	2,859
Infants	1,412
Preschool	1,447
Immunizations	
School, Preschool, Infants	5,409

Table 23. 1985-86 Primary Care Clinic Attendance

Total	30,792
Infant	2,271
Preschoolers	3,951
School Age	6,256
Adults	18,314
Doctor's Clinics, 1985-86	
Number of Clinics	641
Attendance	13,562

Health Education Component

The Health Education program attempts to identify health needs in the North and develops appropriate strategies to address those needs. The program increases involvement, responsibility and action of local people on health issues in their communities.

Health Education also develops materials that are appropriate to northern needs; provides seminars or talks for health professionals, schools and community groups upon request; distributes health information materials and provides training information on careers in health.

Highlights of the 1985-86 fiscal year included: weekly radio spot submissions for translation into Cree and Dene on Missinipe Achimowan radio, joint co-ordination of the second annual Golden Garbage Can Award, co-ordinating two successful workshops for community health workers, running a "Smoke Free Radio Spot Contest" in conjunction with northern radio stations, a nutrition food fair in Stony Rapids and discussions with councils about establishing health committees.

The health educators filled many requests for workshops and talks to a variety of groups. Common topics included nutrition, fitness, smoking, hygiene, family planning, teen parenting and weight control. Health education was also involved in the encouragement of participants in first aid and cardiopulmonary resuscitation (CPR) courses.

Community Health Workers

The C.H.W. program was first introduced in 1976. The community health worker is usually an indigenous northerner who is trained to provide

services in basic health education in homes and schools, interpretation, education and liaison assistance to health professionals and community residents, orientation of health staff to northern communities and education of community members regarding the availability of health services.

The C.H.W. is a direct employee of the local council under contract to the Northern Health Services Branch. The branch administers, funds, and monitors the program. Through the close relationship, the local council is encouraged to learn more about and participate more fully in local health issues.

Two training workshops were held for C.H.W.s during the fiscal year. The first emphasized first aid and the other a variety of topics including child abuse, cross cultural issues and speech therapy.

Community Health Workers are based in La Loche, Buffalo Narrows, Michel Village, St. Georges Hill, Ile-a-la-Crosse, Cole Bay, Patuanak, Beauval, Green Lake, Pinehouse, Air Ronge, Weyakwin, Sandy Bay and Cumberland House.

3. Regina and Saskatoon Cities' Health Programs

Overview

Health programs in Regina and Saskatoon are under the direction of a Medical Health Officer. In Regina the Medical Health Officer is appointed by the Regina City Council and is responsible to it through a Board of Health. The health program in Saskatoon is the responsibility of the Board of Directors of the Saskatoon Community Health Unit. The board is appointed by Saskatoon City Council.

Each of these cities has provided a report in an attempt to give a more complete outline of the

health services received by approximately 30 per cent of the province's population.

Each publishes an annual report containing more details and statistics. These reports are available from the Regina City Health Department (1910 McIntyre Street, Regina, Saskatchewan, S4P 2R3) and the Saskatoon Community Health Unit (350 3rd Avenue North, Saskatoon, Saskatchewan, S7K 2C3).

Regina City Health Department Overview

Health programs and services have expanded greatly over the years. Initially the greatest problems were sanitation and infectious diseases. Today the Health Department is also involved in education aimed at changing lifestyles and promoting more healthful living. In recent years, with the increasing numbers of native people moving to Regina, concerns have arisen regarding provision of appropriate health services for them. In July of 1985, a Native Public Health Nurse — Special Programs was hired to further improve services to native people and to liaise with native organizations.

On October 23, the question of fluoridation of Regina's water was placed before Regina voters. The Medical Health Officer and department staff, along with the city's Public Affairs Department, worked very hard to inform the public of the benefits of this public health measure. In addition, the Regina Citizens for Fluoridation mounted a spirited campaign. There was also a determined group of anti-fluoridationists promoting their viewpoint. The vote lost 31,279 to 25,214.

After a year's planning, a seniors' wellness clinic project was inaugurated in November, 1985. Services offered include health assessment,

counselling and health screening for individuals and health presentations to groups.

Pediatrician Services

Although the Maternal and Child Health Division has been officially dismantled, pediatric services continue to be offered in two of the 21 regularly scheduled child health clinics. In 1985, there were 422 infants and children examined and their parents counselled by the pediatrician.

Besides serving in these clinics, the pediatrician also provides certain direct clinical and telephone advice services to parents. Advice is also provided for staff members, private practitioners and other professionals. She also has an important role in communicable disease and immunization programs.

Immunization and Communicable Disease Control

Immunization

Prevention and control of communicable diseases remain a basic concern of the department and

activities in this area are a part of almost every division's duties.

Public health nurses administered 39,660 procedures during 1985 to 23,296 individuals.

Immunization procedures by age group were as follows:

Infants	15,624
Preschool	13,936
School	8,359
Adults	1,741

The department continued to be the designated yellow fever vaccination centre for southern Saskatchewan. During 1985, 134 doses were administered. In all, 1,202 travellers received this and/or other necessary immunization procedures.

Communicable Disease Control

Venereal disease as reflected by the reported cases of gonorrhoea remained essentially unchanged. Chlamydial infection and herpes genitalis became reportable only in August of 1984 and so conclusions cannot be drawn from a comparison of 1984 and 1985 figures.

Three cases of AIDS were reported in Regina. These patients were under their physicians' care and received appropriate counselling.

The department has been involved in preparing detailed information sheets to be provided to parents whose children receive immunization from the department. These will be ready in the new year.

The pediatric consultant and nursing staff have been involved in developing protocols for use in the follow-up of communicable diseases reported to the department.

Public Health Nursing Division

The Public Health Nursing Division employed 39 nurses this year, serving a population of 175,159. Positions include one nursing director, three assistant directors, 30 community nurses, three nurses whose main focus is immunization and one nurse assigned to the sexually transmitted diseases program and to tuberculosis surveillance throughout the city and one new position — Public Health Nurse — Special Programs. As well, two native community health workers are attached to the Nursing Division.

New Programs, Projects and Activities

1. A Public Health Nurse — Special Programs, was hired in April and became permanent on July 31,

1985, after a 15 week training period which was funded by Saskatchewan Advanced Education and Manpower, Native Services Branch. Her function is to work actively in the native community, and to supervise the two Community Health Workers.

2. The first Wellness Clinic was held for the Cathedral Area Wellness Group on November 7, 1985 with the Official Opening held December 5. This nine month pilot project is co-sponsored by the Regina Health Department and the V.O.N., with funding from the New Horizon's program. The Clinic, held weekly, serves the seniors from the Cathedral community through screening, counselling and health education.

3. Four year old birthday checkups commenced in January, 1985, replacing assessments of 3½-4½ year old children held in the summer. Approximately 70 per cent of the eligible 1981 birth population took advantage of this opportunity for screening vision, hearing, development, speech, general health and for updating immunization.

4. Various pamphlets, information sheets and policies were developed.

Health Education Programs

1. Expectant Parent Programs

Prenatal classes continue to be an important and popular program. During 1985, 523 classes were taught. Participants included 887 mothers (of whom 211 were single), 725 fathers and 113 "coaches". The number of Regina births in 1985 was 3,205. This means just over 27 per cent of all expectant mothers were reached with a majority being primiparas. Attendance at Early Bird Classes continues to be stressed and now accounts for 50 per cent of all couples' classes.

In the school setting, 115 teenagers received counselling regarding pregnancy for a total of 302 visits. As well, the Balfour Tutorial School had 81 students who received an average of 10 prenatal classes in addition to their regular school work.

2. Health Education Talks

Talks were given to a variety of community groups on a wide range of health topics. Subjects, including child abuse, nutrition, STD, health and fitness, childhood diseases, pregnancy and alcohol, breast self-examination, accident prevention, fluoridation, and family planning, were presented to groups such as peer counsellors, Saskatchewan Abilities Council, F.S.I. Youth Conference on Alcoholism, Adult Learners (E.S.L.; Upgrading), Day Care staff and parent groups.

	1984	1985
Health education to the community:		
Number of sessions	142	133
Number of persons	2,440	2,378

3. School Services

Public health nurses spend on average 38 per cent of their time in the city's 113 schools. Services provided include: physical assessment (2,592), first aid (2,933), immunization (4,707), hearing screening (8,321), vision screening (10,010), scoliosis screening (552), communicable disease screening (3,760), student counselling (4,167), counselling pregnant teenagers (first contact — 115, follow-up — 187), parent counselling (3,791), and teacher counselling (4,980). Classroom instruction on health-related topics continued to be an important and growing area with 462 sessions held during 1985. Family life, nutrition and first aid were some of the subjects addressed.

4. Infant and Preschool Services

At child health clinics, nurses monitor a child's growth and development, screen for health problems, provide counselling services and perform immunizations.

Total visits made to these clinics numbered 11,521. Of this total, infant visits numbered 6,717, preschoolers made 4,593 visits, and school-age children 211. Immunization was given at 82 per cent of all visits. One clinic closed during the year, leaving 15 locations throughout the city.

Preschoolers' vision and hearing were assessed at day care centres, nursery schools and at special vision and hearing screening clinics. During the year 288 children in the 3-5 year old age group received vision screening. Essentially the same children, numbering 313 received audiometer screening.

An additional 1,966 preschool children born in 1981 had vision and hearing testing included with their special 4 year old birthday check-ups.

Communicable Disease Control

Surveillance, plus free penicillin or sulfadiazine, were provided to persons on the rheumatic fever program. At year end, 53 individuals were on the program, compared with 48 last year.

Tuberculosis cases reported to the Department numbered 5 (2 active and 3 suspect). Contacts located numbered 38.

Of the 294 notifications received for STD contact tracing, 225 contacts were located (77 per cent), and referred for treatment. In the community, 22 talks were given to a total of 275 people.

Home Visiting

Visits to homes numbered 6,964, for an average of 232 per district nurse. Visits accounted for 7,612 hours of time and were made for the following reasons (more than one reason per visit): infant care (3,871), sudden infant death (11), services to preschoolers (1,688), services to school children (872), suspected child abuse (48), services to adults (3,328), services to senior citizens (532), prenatal care (156), postnatal care (3,203), communicable disease surveillance (783), boarding care homes (46), and Saskatchewan Aids to Independent Living (517).

Professional Education

Public health nurses acted as field guides to nursing students on 246 occasions this year. Staff inservice sessions numbered 25 for a total of 950 hours, an average of 23 hours per staff member. An average of 20 hours per staff member was spent in workshops and seminars outside the department. Subjects included alcohol and drug abuse, geriatric counselling and assessment, suicide, reproductive ethics and nursing research.

Table 24. Public Health Inspection Services, Regina City Health Department, 1984 and 1985

Area of inspections	Number of inspections	
	1984	1985
Total	18,766	20,068
Public eating establishments	2,205	2,621
Food establishments		
(Bakeries, meat and fish markets, grocery and confectionery stores, beverage plants and food wholesalers)	370	541
Food poisoning cases reported and investigated	44	29
Food samples submitted to laboratory	55	36
Dwellings, special care homes, day care centres, various approved homes, boarding care homes, schools, institutions and properties	2,977	2,688
Hotels, motels, apartment blocks and trailer courts	153	191
Recreation areas		
(Swimming pools, parks, playgrounds, arenas, bowling alleys, pool rooms, theatres, halls and clubs)	427	614
Services and trades		
(Laundries, barber shops and beauty parlours, garages and industries)	192	200
Insect, rodent and pest control	255	230
Other investigations	12,088	12,918

Environmental Health Division

This division has a staff of 11, consisting of eight district public health inspectors, one supervisor, one chief health inspector and one clerk steno. Three of the district public health inspectors are stationed at the branch office. During 1985, the division received and investigated 1,160 complaints and conducted a total of 20,068 inspections or investigations, orders, tests and consultations.

In 1985, 46 new public eating establishments were opened for business, 26 were closed, 11 were degraded. Twenty-nine possible food poisoning cases were reported and investigated. A total of 19 foodhandling courses were held and attended by 422 food handlers.

During this period the division took a total of 965 water samples of which 213 were from swimming pools and 752 were from the municipal water system. There were 231 plans approved for construction and/or renovations of food establishments, apartments, etc. In 1985, 56 dwelling units were placarded as unfit for human habitation under the Public Health Act. Forty-nine houses were repaired and 13 houses were demolished. This division took 102 actions under Section 130 of the Urban Municipality Act. A total of 227 animal bites were investigated in 1985 of which 21 per cent were from dogs at large. Two swimming pool operators' courses were held which were attended by 46 operators.

Nutrition Division

Nutrition Promotion

During March, Canada Nutrition Month, the nutritionists participated in many programs promoting nutrition in Regina. Information packages were distributed to all the public and separate schools via the public health nurses. The nutritionists set up a display and helped service the Saskatchewan Dietetic Association booth at the Cornwall Centre to promote exercise, nutrition and health.

Thirty-seven mass media contacts during 1985 included information and submissions for Saskatchewan weekly newspapers, Regina Community Clinic news, Regina Home Economics newsletters, Regina Rally, and interviews on radio and television.

Resources

Many new resources were developed, such as posters for nutrition month, Hallowe'en, nutrition target practice, infant new foods, infant cereals, vitamins/minerals, information sheets on guidelines for microwaving baby formula/foods, children choking on food, herbs and weight loss, lesson plan on fad diets, cardiac diet for Saskatchewan Diet Manual, nutrition and sport quiz.

Presentations

Ninety-one group presentations with 3,513 total attendance included such groups as Quit For Good, TOPS, Weight Wise, YMCA and YWCA Fitness Instructors' Courses, senior citizen programs, English for New Canadians classes, Federal Government Employees Pre-retirement course, Parks and Recreation girls clubs, latch-key kids programs, Independent Living Skills classes, and school classes for student nutrition and school lunch programs, Teen Parent Volunteer program, nursery day care staff and children, Regina Public Library programs, Brownie packs and Native Girls Centre staff.

Orientations

Twenty-three nutrition orientations were provided for new public health staff, visiting medical staff, medical students and nursing students from the University of Saskatchewan.

Biostatistics Division

The biostatistician's role in the Regina Health Department is to collect and maintain a data base useful to the department, evaluate ongoing programs and help staff research different health areas, thereby assisting the department to set future goals. The Biostatistics Division also administers the Boarding Care Home Bylaw and Quit for Good (a smoking cessation program).

During 1985, the Health Department was able to facilitate the handling and analysis of data due to the purchase of a micro-computer.

Work was also done with the Liaison Committee (Youth Alive '85 Conference) and the Saskatchewan Interagency Council on Smoking and Health. During 1985, there have been an increased number of inquiries concerning smoking in the workplace. A conference dealing with the development and implementation of smoking policies is being planned for 1986.

Saskatoon Community Health Unit

Community Health Nursing Division

The goal of the Nursing Division is to achieve the optimal state of health of Saskatoon residents. Program activities are directed toward preventing disease and assisting individuals and families to acquire knowledge, attitudes, and skills necessary to take appropriate action to promote, improve, and maintain their health.

Services include individual assessment, teaching in the home and school, counselling, clinic programs, and home visiting. Immunization and screening programs are carried out primarily in the younger age groups.

Programs were delivered by 28 Community Health Nurses and five Health Aides at three health centres. Each centre is administered by a Nursing Supervisor.

Services and Programs

Childbirth Classes for Singles

Sixty-eight classes were held with 141 clients receiving individual home visits and attending a series of six classes. The Singles Prenatal Committee continued the process of review and revision of the program.

Childbirth Classes for Couples

"Early and Late Pregnancy Classes" continue to be well received by clients. Two hundred and sixty six couples attended "Early and Late Pregnancy Classes," and 300 couples attended "Late Pregnancy Classes". The Couples Prenatal Committee completed a client evaluation on the class format, developed a manual of commonly-asked questions and answers pertaining to the postnatal period and served as a clearing house for new resources.

Classes for Adoptive Parents

Only six couples attended adoptive parent classes this year as compared to 24 couples in 1984. The Adoptive Parent Committee completed a new curriculum for the program increasing the classes from two to three. The new program was introduced to staff in December 1985.

Hospital Visiting Program

Community Health Nurses continue to visit the three hospitals to identify newborn infants, mothers, and families at risk. Every effort is made to visit these families as soon as possible following discharge. Two hundred, two hospital visits were made.

Home Visiting

Visits to homes numbered 5,793 and were made for the following reasons (more than one reason per visit): prenatal care (410), postnatal care (3,390), parenting (648), nutrition/weight control (276), physical handicap (146), mental health (96), immunization (814), chronic disease (113), alcohol/drug abuse (30), child neglect/abuse (124), communicable disease (150), growth and development (348), other (398), and boarding care homes (7).

Child Health Conferences

During 1985, 592 clinic sessions were held with a total attendance of 13,048, similar to the previous year. An ad hoc committee standardized the protocol for DDST screening and infant assessment and referral.

The ad hoc committee also developed a postnatal flow sheet which is attached to the Individual Health Record and serves to standardize health promotion, counselling, health education, and recording used by Community Health Nurses during parental contact.

School Health Services

The scoliosis screening program was evaluated and as a result this program is no longer offered. The Random Dot E screening test was introduced in the vision screening program to identify children with amblyopia. The role of the Community Health Nurse in classroom teaching continued to increase and 656 sessions were given. The frequently requested topics related to family life education, hygiene, communicable disease, smoking and nutrition.

Other Health Education Programs

1. A "Back to School" display was exhibited at the Midtown Plaza providing information about immunization, school lunches, and communicable disease.
2. Sessions on parenting, sexual abuse, child safety, sexuality, and fetal alcohol syndrome were held for students at the Community College.

Special Projects and Activities

1. A new protocol was developed for pediculosis screening placing more responsibility with the teachers and parents in the community. One thousand and sixty children were screened with 95 cases identified.
2. Two television presentations were made on "Prekindergarten Clinics and School Health

Services" and "Community Health Nursing — A Family Approach."

3. Community Health Nurses at West Health Centre developed a Family Life Education Manual for Division III students.

4. A display was held at the Children's Health Fair in June.

Environmental Health

The Health Inspection Division strives to protect the public from physical, chemical and biological health hazards in food, water or the environment. Routine and specialized programs are carried out combined with an enforcement of standards and investigation of complaints.

With the addition of a new position, services are now provided by six public health inspectors and the Chief Public Health Inspector.

Services and Programs

Educational. During the year, presentations were given to food handlers and swimming pool operators. As well, presentations on sanitation-related topics were made to students at Kelsey Institute and the University of Saskatchewan.

Extermination Services. The division handles complaints regarding skunks and rats, arranging for extermination when necessary.

Substandard Housing Policy. Through The Public Health Act the division is involved with substandard housing. Meetings were held with the City Building and Fire departments, which are also involved in this area, to develop more effective policies for handling complaints.

Exhibition. The Exhibition during the first week of July was closely monitored by inspectors. A presentation on safe food handling was given to concession operators and follow-up inspections were done to ensure compliance. A major problem identified was the disposal of sewage from concession stands and midway trailers onto the ground surface.

Folkfest. To reduce the possibility of food-borne illness occurring during Folkfest, the division focused efforts on training those involved in food handling about safe food handling techniques. Follow-up inspections were then carried out at the pavilions.

Paddling Pool Study. In cooperation with the Parks and Recreation Department, a two-year

summer study on paddling pool water quality was completed. The results of the study were compiled in a report with recommendations.

Inspection Activities. During 1985, the division carried out inspections in the following areas: food — 2,149, housing — 1,025, public places — 635, water samples — 1,321, and other (includes indoor air quality, air pollution program, water, general sanitation) — 3,191. In addition, 647 complaints were investigated.

Epidemiology Division

Goals are to prevent, reduce and modify the course of diseases in the community through surveillance, investigation of outbreaks and protection of susceptible persons.

STD notifications increased slightly last year, with 547 cases of gonorrhea and six cases of syphilis reported in 1985.

Two cases of measles were reported in 1985 with no secondary cases reported. The measles elimination program continued in 1985 with intensive investigation and surveillance.

The central immunization clinic continued to provide immunization and advice to overseas travellers. In 1985, 4,576 clients attended the immunization clinic.

Nutrition Division

Nutrition Division services are provided by the senior nutrition consultant and two part-time nutritionists. These services include in-service education, consultation and resource materials for Health Unit staff, developing educational programs to meet the health needs of target groups of people in all stages of the life cycle, and promoting reliable nutrition information to professional groups in the community and the general public.

In-service education programs for community health nurses were continued in 1985 to encourage Health Unit staff to integrate nutrition into their programs. The nutritionists provided assistance concerning nutritional health problems and provided teaching ideas for programs in schools, prenatal classes, Child Health Conferences, and senior citizen centres.

In 1985, nutrition education programs increased by 17 per cent. This increase is largely represented by 11 in-service education programs which were provided to professional groups in the community.

A steady demand from community groups continues to result in priority being given to those groups who are considered to be nutritionally at risk.

Fourteen media presentations focused on basic nutrition concepts, food safety and sanitation, special nutritional needs during the life cycle, and food selection.

To encourage teachers to provide more quality nutrition education, the division provided in-service workshops for educators. Twenty-eight workshops were provided in 1985, double the 1984 number. Prenatal services again increased significantly. In 1985, 1,407 clients were assessed (a 28 per cent increase over 1984). The prenatal nutritionist also completed 20 home visits to high risk pregnant women.

A supplementation program of milk coupons and vitamin-mineral supplements are provided to clients based on specific criteria. The prenatal nutritionist screened 202 clients, a 15 per cent increase over 1984; 75 per cent were accepted for the program.

Individual case conferences continued for the purpose of ensuring appropriate counselling and follow-up of all clients in the Healthy Mother, Healthy Baby Program. In 1985, 92 were held, a 33 per cent increase.

Two community nutrition students from the University of Saskatchewan spent six weeks, and two dietetic interns from University Hospital spent one week with the Nutrition Division. This field experience is designed to provide practical experience and to acquaint students with the role of a community health nutritionist.

A Community Nutrition Internship Program was developed jointly with the Provincial Nutritionist and the College of Home Economics. One intern will be accepted into the 44 week training program scheduled to begin in September, 1986.

Health Education Division

The goals are to promote a healthy lifestyle and safe environment for Saskatoon residents by working with other divisions, community agencies, and the general public.

In-service Education for All Staff.

Staff met three times. Presentations included The Future of Public Health, the 1984 Annual Report, Introduction to Problem Based Programming and Principles of the Health Unit, Making Personal Health Changes, and Bringing About Institutional Changes.

Orientation programs were given on the Health Unit and Health Education Division to new staff and to Kelsey and Dumont Child Care students.

Six one-day audio-visual workshops were given to new staff.

National Non-Smoking Week and Time to Quit Program.

Activities were organized and co-ordinated in the city for National Non-Smoking Week. Three television shows on smoking cessation were co-sponsored with the Canadian Cancer Society. The program was aired in Saskatoon and throughout Northern Saskatchewan.

Children's Health Fair. The Health Education Division had a smoking display.

Youth Leadership Conference. The Health Unit co-sponsored a Youth Leadership Conference in January. Approximately 160 students from all the Saskatoon high schools attended.

Presentations at Conferences. Several conference presentations were given including the Self-Help Conference on The Health Professionals Contribution to Self-Help Groups, Bridging the Gap, Working Together and Working Apart. A presentation on smoking and secondhand smoke was given to the Saskatchewan Dental Hygienists.

Advocacy Activities. Resolutions were drafted and displayed at the Saskatchewan School Board Trustees' Conference.

Consultative Services. Four hundred, thirty-eight consultations were given to staff community agencies and the public.

Office of Program Development

The mandate of this division is to research and identify the health needs of high risk groups and to develop programs specific to their needs.

The primary activity of the office is operating the Healthy Mother, Healthy Baby Program. The goal of this program is to improve pregnancy outcome for women at risk (low income, single, native). Intervention concentrates on nutrition, smoking, alcohol and drug use, and medical follow-up.

Clients at greatest nutritional risk qualify for milk vouchers and a vitamin preparation. As well as assisting women to meet their minimal daily nutrient requirements, supplements are a means of attracting them to our service. Grant money for the supplementation project was received from the Kinsmen Foundation for the second year.

Preliminary evaluation of the program data demonstrates success in reaching the target group and in promoting significant improvement in all risk areas. These achievements are due, largely, to the contribution of three native community health workers.

4. Mental Health Services

Objectives

To provide community mental health services which promote mental health and emphasize early identification of mental health problems and treatment in the community, and to encourage individual and community responsibility and participation in meeting mental health needs through services provided without disrupting people's normal daily activities and routines, by providing a variety of clinical and consulting services in the community and a range of day, evening and overnight services. Hospital services are available as a specialized support to the community program but are provided only when necessary and for as brief a time as possible.

The Saskatchewan approach to mental health services is based on the principle that a full range of direct and supportive mental health services

should be available to all residents of the province in their own communities or within reasonable travelling distance of their homes. Consistent with this approach, comprehensive mental health services are provided in each of the eight mental health regions. Developments in the distribution of services have allowed the regions to become nearly self-sufficient in dealing with their own community mental health needs.

The Mental Health Services Branch endeavors to measure the efficiency and quality of its programs to determine the impact of a program in the community. Measures are being incorporated into programs to ensure that maximum benefit is derived from resources allocated to the branch and that the highest quality of mental health services is available to Saskatchewan residents.

Historical Development of Services

1914: The first provincial mental hospital was opened at North Battleford. Three hundred and forty-three patients were returned to Saskatchewan from institutions in Manitoba.

1921: A second mental hospital was opened in Weyburn.

1930: The "Munroe Wing" of the Regina General Hospital was opened to provide psychiatric services.

1946: Outpatient services were offered on a regular basis for the first time.

1948: Psychiatric nursing as a profession was established.

1949 to 1954: The patient population in the two mental hospitals exceeded 4,000 persons. The number of retarded persons cared for in the Weyburn Training School increased from slightly more than 700 in 1950 to almost 900 in 1954.

1950: A psychiatric research program was established.

The Public Health Department's Division of Mental Health Services became the Psychiatric Services Branch.

1955:	The "Saskatchewan Plan" — a treatment philosophy that emphasizes community based services as an alternative to mental institutions — was developed and became the guiding principle underlining the evolution of mental health services in Saskatchewan. A 39-bed psychiatric ward was opened in University Hospital, Saskatoon. The Moose Jaw Training School (now Valley View Centre) for mentally retarded persons was opened.	would permit a more equitable allocation of regional in-patient services. It also allowed each region to become self-sufficient in dealing with mental health needs.
1961:	A second Training School for mentally retarded persons was opened in Prince Albert (now North Park Centre). The Mental Health Act was passed replacing the Mental Hygiene Act of 1936.	1978: A 14-bed psychiatric ward was established at the Union Hospital in Swift Current. For the first time, designated psychiatric beds existed in each of the eight mental health regions. Sixteen beds, designated under The Mental Health Act, were opened at Saskatoon City Hospital. A further 10 designated beds were established at the Plains Health Centre in Regina. In both instances, authority for the administration of the units remained with the respective hospital boards.
1963 to 1970:	Regionally based community services and intensive programs were developed with the aim of reducing the chronic patient populations in the two mental hospitals. Consequently, the number of patients declined from 3,111 in early 1963 to 931 by late 1970.	1979: A 22-bed psychiatric unit was opened in the Pasqua Hospital in Regina. Administrative responsibility was assumed by the South Saskatchewan Hospital Board.
1964:	The Yorkton Psychiatric Centre, incorporating innovative ideas in architectural design, was completed. The centre signified a shift away from the traditional mental hospital towards modern psychiatric centres built in association with general hospitals.	1980: Construction of a new 32-bed psychiatric centre at the Battlefords Union Hospital was completed. 1981: Two new group homes were established, bringing the total number of homes in operation in the province to 10. Responsibility for the psychiatric ward in the Regina General Hospital was transferred from the branch to the Hospital Board in June, 1981.
1969:	A psychiatric centre linked closely with the Victoria Union Hospital was opened in Prince Albert.	1982: A new group home was opened in Lloydminster. A supervised apartment living program for mental health clients was piloted in Regina.
1971:	Saskatchewan Hospital Weyburn closed. It was converted into the Souris Valley Extended Care Hospital and an 84-bed psychiatric centre.	A number of initiatives to improve crisis intervention services and short-term supervised accommodation for difficult to serve persons in Regina got under way.
1972:	The Training Schools at Moose Jaw and Prince Albert were placed under the direction of a new agency, Core Services Administration (now a branch of Saskatchewan Social Services).	Eight new positions, including a Provincial Director of Child and Youth Services, were established to expand and improve existing mental health services to children, youth and their families across the province.
1976:	A major plan was announced for the redistribution of psychiatric beds throughout the province. The plan	

1983: Crisis management and intervention services in Regina were expanded, and implementation of a similar project in Saskatoon got under way.

Supervised apartment living projects were established in the Regina and Saskatoon regions, adding another dimension to the continuum of residential services.

A comprehensive review of the final report of the Saskatchewan Mental Health Association's Task Force on Mental Health Services in Saskatchewan, released in May 1983, got under way and provided the foundation for future improvements to mental health services and programs.

1984: \$700,000 worth of new program initiatives was approved to strengthen mental health services in Saskatchewan. Some of the specific programs and services funded included: approved home support program, apartment living programs in Moose Jaw, Saskatoon and Prince Albert, new additional funding for the Mental Health Association for rehabilitation services, financial assistance for provincial self-help groups for

members' support programs and vocational rehabilitation, a suicide prevention project in Saskatoon, financial assistance for expansion of services to autistic children and adults in Saskatoon, expanded community mental health services in Prince Albert and Lloydminster, funding for a variety of innovative mental health projects throughout the province, and funding to expand crisis management services and training programs.

The Rainbow Youth Centre, a multi-service centre, was established in Regina.

Part-time child and youth clinics were established in Watrous, Kerrobert, Davidson, Kindersley and Rosetown.

A full-time community mental health nurse was relocated from Weyburn to Moosomin as part of the continuing effort to provide services to people closer to their homes.

Renovations began on a portion of unused space at the Saskatchewan Hospital North Battleford not required by the psychiatric program, to provide secure custody spaces for young offenders.

1985-86 Highlights

A new Mental Health Services Act was prepared and passed by the Legislature on June 19, 1985. This Act is being proclaimed on April 1, 1986 to replace the Mental Health Act of 1961. The new Act introduces major changes:

The Act, under a new name, provides a new thrust and direction for mental health services in Saskatchewan. The Minister, the Department, and a renamed Mental Health Services Branch are provided with a new mandate which reflects existing services and provides flexibility for future developments.

Eligibility for mental health services is normalized to be the same as eligibility for general hospital and medical services. Mental health services are available to anyone with a valid health card. Charges against estates are stopped.

New administrative provisions recognize the community-based regionalized services and structures which now exist across the province.

Truly voluntary admissions to in-patient facilities are now possible for the first time. Whereas

"informal" patients who requested admission under the old Act became "detained," voluntary in-patients now have the same status and rights as in-patients in general hospitals.

The criteria under which involuntary admission, detention and treatment may occur are more explicit, understandable, and acceptable to all parties concerned.

Involuntary admissions under medical certificates are subject to closer scrutiny by medical colleagues. Involuntary treatment is subject to more second opinions and peer audits.

New safeguards protect the rights of persons who are involuntarily admitted. Involuntary patients are to be given more information about their detention. Official representatives are to visit, advise, and assist involuntary patients in understanding and exercising their rights and obligations. Review panels are to conduct automatic reviews of long-stay patients at 21 days and at six monthly intervals. Involuntary patients have broader rights of appeal to review panels.

New provisions ensure confidentiality and regulate access to information.

The entire Act is based on a clear and coherent philosophy and is more readable, understandable, and easier to use.

The new Act strikes an effective balance among the three competing interests: a) the rights of the individual; b) the protection of society; and c) the provision of effective mental health services.

New program initiatives in the amount of \$260,000 were approved in 1965-86 for the development of mental health assessment and consultation services for young offenders. Two new psychology positions were established in each of Regina and Saskatoon Child and Youth Clinics. The

Department also entered into a contract with the University of Saskatchewan, Department of Psychiatry, to provide court ordered psychiatric assessments for young offenders in the Saskatoon region.

A branch subcommittee on young offenders services was formed to provide advice on the development and implementation of mental health services for young offenders. Interdepartmental committees with the Departments of Social Services and Justice were also established to address implementation issues of mutual concern.

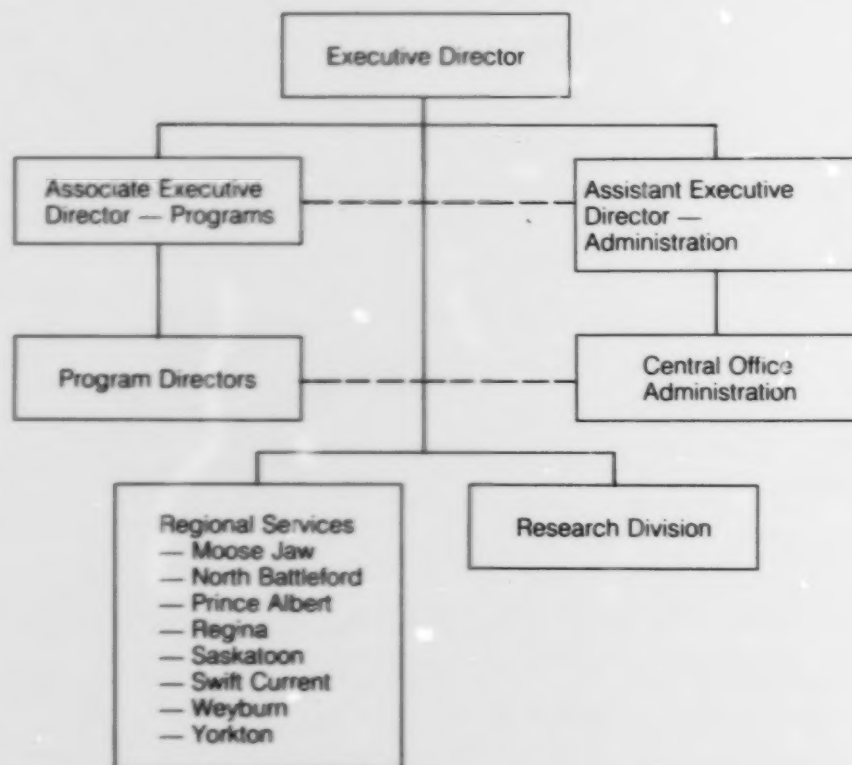
Programs to address the problem of interspousal violence were established in Regina and Saskatoon.

Organization

The Mental Health Services Branch service delivery system is organized on a regional basis. Programs in each of the eight mental health service regions are managed by chief executive

officers who report to the branch executive director. Central office is responsible for overall administration, program direction and general policy formulation.

Figure 8. Organization of the Mental Health Services Branch



March 1968

Services and Activities

Objective —

To be involved with all aspects of mental health throughout the province. Activities can be grouped into four major areas: clinical services; day hospital, rehabilitation and vocational services; residential services; and research, education and health promotion.

Improved access to services has been emphasized in Saskatchewan's eight mental health regions. The staff of each region is drawn from all of the major mental health disciplines. Services are provided by a network of full and part-time mental health clinics. Each region has designated psychiatric beds, approved and group homes for clients in need of sheltered living accommodation, and day hospital and/or day vocational programs. The Saskatchewan Hospital in North Battleford accepts a small number of patients from other regions. Its primary role is to provide a long-term care facility for chronic patients, most of whom were admitted more than two decades ago.

The Mental Health Services Branch also plays an important role in developing services in both the public and private sectors. The branch provides ongoing funding to private organizations and self-help groups and offers consultation and support to facilities such as nursing homes and chronic care hospitals. Branch staff also play an active role in voluntary organizations which seek to develop services for the mentally ill and to increase public awareness of issues relating to mental health. Liaison with government and private agencies is sought at both regional and central levels.

Clinical Services

Objective —

To provide direct and indirect clinical and consulting services for people of all ages through diagnostic and treatment services for community clients, in-patient services, consultation and support services to other community agencies, and assessment services for the courts.

Services to Community Clients

In 1985, 15,076 individuals and 200 families (15,276 total) who were registered as clients, received services from the Mental Health Services Branch.

In 1985, a total of 142,895 individual and family contacts were reported. On average, each registered family and individual was seen 9.4 times during the year. An additional 14,985 clinical services were provided to or on behalf of persons who were not registered as clients. In total, 157,880 recorded clinical services were provided by branch staff. These statistics average a 0.5 per cent increase over services provided in 1984.

Table 25. Community Clients by Mental Health Region, 1984 and 1985

Mental Health Region	1984	1985
Total	14,790 (142,068)	15,276 (142,895)
Battlefords	2,119 (24,267)	1,936 (22,664)
Moose Jaw	995 (11,944)	933 (12,951)
Prince Albert	2,495 (18,316)	2,541 (16,962)
Regina		
Mental Health Clinic	2,134 (25,385)	2,466 (27,028)
Child and Youth Services	1,377 (8,154)	1,275 (7,112)
Saskatoon		
Mental Health Clinic	1,586 (12,560)	1,494 (12,304)
MacNeill Clinic	901 (5,358)	1,153 (7,669)
Swift Current	803 (8,684)	938 (9,620)
Weyburn	994 (11,225)	1,129 (12,140)
Yorkton	1,386 (16,175)	1,411 (14,445)

— Community Clients include persons of all ages as well as registered families.

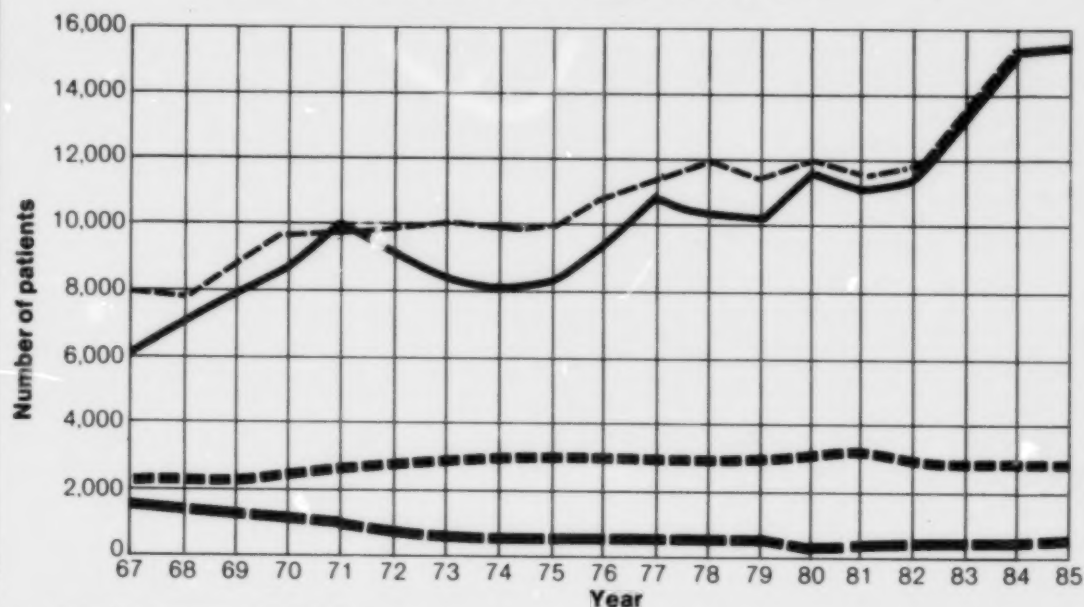
— Numbers of community services are indicated in parentheses.

In-patient Services

The average lengths of stay of patients separated from psychiatric wards in general hospitals, from psychiatric centres attached to general hospitals, and from the Saskatchewan Hospital in 1985 were 18.7, 21.8 and 5,812.9 days respectively. The longer stay in the latter facility reflects the larger number of long-term in-patients whom it treats.

In addition to the facilities operated by the Mental Health Services Branch, the City and University Hospitals in Saskatoon and the Pasqua and Regina General Hospitals in Regina operate designated in-patient units. The branch is not directly involved in the operation of these facilities. However, it does participate in the appointment of medical officers-in-charge and in assuring that involuntarily admitted patients have access to appeal procedures. Branch staff also provide out-patient services to patients discharged from such facilities.

Figure 9. Changes in Mental Health Service Patterns In Saskatchewan Between 1967 and 1985



Note: Prior to 1982, the inpatient unit in the Regina General Hospital was included in the figures.

Code:

- Total Community Clients
- Total Community Contacts Divided by Ten
- Total Admissions to All Mental Health Facilities
- Inpatients: Average Daily Census

Table 26. Mental Health Services Branch Comparative In-patient Statistics, 1984 and 1985

	1984			1985		
	admits	average census	average stay	admits	average census	average stay
Battlefords Mental Health Centre	266	25.5	29.8	275	23.2	39.9
Moose Jaw Psychiatric Ward	449	15.8	13.7	373	13.8	13.4
Prince Albert Psychiatric Centre	994	47.1	17.3	1,092	46.2	15.4
Swift Current Psychiatric Ward	177	13.4	26.2	188	13.7	29.6
Weyburn Psychiatric Centre	227	32.2	48.1	184	31.0	53.4
Yorkton Psychiatric Centre	427	41.2	30.9	426	41.3	33.2
Total — Wards and Centres	2,540	175.3	23.5	2,538	169.2	24.6
Saskatchewan Hospital	19	200.1	6,265.5	17	197.1	5,812.9
Total — All M.H. Branch Centres	2,559	375.4		2,555	366.3	

Table 27. Movement of In-patients During 1985 in Facilities Operated by The Mental Health Services Branch

	Mental Health Centres				Psychiatric Wards		Sub-total	Saskatchewan Hospital	Total
	Battlefords	Prince Albert	Weyburn	Yorkton	Moose Jaw	Swift Current	Centres and Wards		
Psychiatric Beds	32	60	45	48	22	14	221	205	426
In care on January 1, 1985									
In hospital	18	32	21	45	13	10	139	190	329
On leave	11	0	15	0	0	0	26	14	40
Total	29	32	36	45	13	10	165	204	369
Admissions during 1985									
First admissions	120	403	66	150	127	96	962	11	973
Re-admissions	155	689	118	276	246	92	1,576	6	1,582
Total	275	1,092	184	426	373	188	2,538	17	2,555
Separations during 1985									
Discharges	271	1,090	188	436	373	182	2,540	9	2,549
Deaths	1	2	1	0	0	1	5	12	17
Total	272	1,092	189	436	373	183	2,545	21	2,566
In care on December 31, 1985									
In hospital	22	32	18	35	13	15	133	194	327
On leave	17	0	15	0	0	0	32	6	38
Total	39	32	31	35	13	15	165	200	365
Total number of patient days	8,461	16,856	11,299	15,083	5,041	5,015	61,755	71,959	133,714
Average daily census	23.2	46.2	31.0	41.3	13.8	13.7	169.2	197.1	366
Average length of stay	39.9	15.4	53.4	33.2	13.4	29.6	24.6	5,812.9	72.0

Support Services to Individuals and Families

Objective —

To provide support for individuals, families and community groups through the involvement of Mental Health Services Branch staff, to encourage the development of community resources in co-operation and partnership with other public and private service delivery agencies, volunteers, consumer associations, professional organizations and individual practitioners, and thus to deliver community mental health services in the least costly and most effective way possible.

Major emphasis is placed on the creation of a wide range of diverse services to meet many different needs which allow individuals to remain in their home communities and keep their families intact.

Examples of such services are:

1. home based programming — includes assessment, out-patient counselling and monitoring of medication by community mental health nurses;
2. self-help groups;
3. emotional support services — the services use a variety of intervention strategies such as crisis management and individual support to alleviate emotional strain and tension. This prevents further breakdown and facilitates rehabilitation;

4. Community Friends — a program where community volunteers provide emotional support services in normal settings. This prevents breakdowns and facilitates the rehabilitation of the clients' social and emotional functioning;

5. a variety of formal and informal companionship, leisure and social support networks — these networks provide friendship, encourage the appropriate use of leisure time and offer emotional support.

Child and Youth Services

Objective —

To provide services to children and youth which enhance the mental health of both the child and family, to prevent handicapping conditions through early detection and structured intervention, and to reduce the impact of emotional and mental disorder through direct treatment and family support and, where necessary, through the least restrictive residential alternative. Co-ordination and consultation with other organizations serving children, youth and families are emphasized to help develop social networks and strengthen the response of communities.

Services are provided by multi-disciplinary professional teams in each mental health region. Specialized clinics in Regina and Saskatoon serve as major referral centres.

Table 28. Children and Youth Receiving Community Services by Mental Health Region, 1984 and 1985

Mental Health Region	1984		1985	
Total	3,624	(23,234)	3,866	(25,089)
Battlefords	404	(3,369)	297	(2,499)
Moose Jaw	185	(1,170)	167	(1,268)
Prince Albert	481	(2,755)	488	(2,379)
Regina				
Mental Health Clinic	27	(112)	24	(186)
Child and Youth Services	1,330	(7,890)	1,229	(6,843)
Saskatoon				
Mental Health Clinic	39	(230)	26	(169)
MacNeill Clinic	660	(3,288)	1,058	(6,840)
Swift Current	134	(1,190)	162	(1,565)
Weyburn	186	(1,587)	195	(1,747)
Yorkton	178	(1,643)	220	(1,593)

— Persons 17 years of age and younger are considered to be Children and Youth.

— Numbers of community services are indicated in parentheses.

The branch is also responsible for mental health assessment and consultation services to young offenders under provisions of The Young Offenders Act.

Services to the Elderly

In 1985, 12.3 per cent of the Saskatchewan population were 65 or older. During the next 20 years, over 29,000 more people will become senior citizens. Of this senior population, 60 per cent will be 80 years or older and particularly vulnerable to mental and physical disorders.

Presently, the Mental Health Services Branch sees elderly patients roughly in proportion to their frequency in the population. For example, in 1985, 1,576 elderly out-patients were seen and 407 were admitted to psychiatric in-patient facilities.

As well as providing direct services to clients, the Mental Health Services Branch provides consultation and advice to other agencies. The inclusion of Continuing Care in Saskatchewan Health in 1983 has created a closer working relationship with this branch on the management of clients with behavioral disorders who are cared for in special-care homes and Level 4 facilities.

In order to meet the special mental health service needs of the elderly, the branch employs a

consultant, the Director of Mental Health Services for the Elderly, who provides a number of services:

1. public education — television and radio appearances to enhance public understanding of the elderly, particularly in relation to depression, dementia ("senility") and normal aging. Also, articles are written for such departmental projects as "Saskatchewan Lifestyles";
2. advisory to special interest groups — the director works closely with professionals and special interest groups such as the Saskatchewan Gerontology Association and the Saskatchewan Alzheimer's and Related Diseases Association;
3. professional writings — the director attempts to increase public understanding by dissemination of professional articles, e.g. "Alzheimer's Disease — It's **not** just old age." A book chapter, "The Chronic Mentally Ill in Canada," is in the final stages of preparation and pays particular attention to the effects of deinstitutionalization.
4. health information telephone tapes — tapes made available to the public by HITT Line include Dementia (Senility) and Depression in Old Age;
5. advice on legislation relating to the elderly — the director advises on the implication of new and proposed legislation for the elderly;
6. advice to national organizations — the director advises a number of national organizations in relation to the elderly;
7. consultation — the director provides medical advice to other doctors regarding mental health aspects of old age; and
8. university teaching — the director has a university teaching appointment as Clinical Professor of Psychiatry and takes part in teaching interns, family doctors, university students, nurses and psychiatrists in order to increase professional understanding of the elderly.

Table 29. Persons 65 Years of Age and Older Receiving Community Services by Mental Health Region, 1984 and 1985

Mental Health Region	1984	1985
Total	1,618 (17,609)	1,576 (16,725)
Battlefords	263 (2,592)	239 (2,248)
Moose Jaw	166 (2,325)	149 (2,658)
Prince Albert	240 (1,846)	225 (1,707)
Regina	146 (2,150)	178 (2,183)
Saskatoon	165 (1,585)	129 (1,260)
Swift Current	136 (1,362)	149 (1,459)
Weyburn	242 (2,568)	246 (2,346)
Yorkton	260 (3,181)	261 (2,864)

Numbers of community services are indicated in parentheses.

Forensic Psychiatry

Objective —

To provide services requested by the court. All regions accept persons referred for assessment by the courts. Most assessments are conducted on an out-patient basis; some are undertaken in in-patient facilities while others take place in detention units and correctional centres. When maximum security facilities are required for assessment and psychiatric treatment, persons are referred to the federal government's Regional Psychiatric Centre in Saskatoon.

Treatment of Offenders

Objective —

To provide offenders charged under the Criminal Code with mental health services. Treatment services are frequently recommended by the courts and may be made a condition of probation orders. A limited number of offenders are treated in the in-patient facilities operated by the branch. When more security is required than an in-patient facility can reasonably provide, other facilities, such as the Regional Psychiatric Centre, are used.

Order-in-Council Patients

Some patients are detained in psychiatric and other treatment facilities under provisions of the Criminal Code. When persons are found "unfit to stand trial" or "not guilty by reason of insanity", they may be detained in custody under the authority of a warrant of the Lieutenant Governor of Saskatchewan (an Order-in-Council). During the year, seven new warrants were issued and six patients were released from Order-in-Council status. The 21 persons in care on December 31, 1985 may be described as follows:

	Total	Male	Female
Total	21	19	2
Unfit to stand trial	7	6	1
Not guilty by reason of insanity	14	13	1

An Advisory Board of Review reviews the status of all persons detained under Orders-in-Council. Two reviews are conducted each year and recommendations are forwarded to the Lieutenant Governor-in-Council.

Day Hospital, Rehabilitation and Vocational Services

Mental health problems are frequently caused, worsened or unnecessarily prolonged by a lack of

meaningful daytime activities. The branch provides occupational and recreational therapy programs in all regions. Day hospital services are available in all mental health centres and psychiatric wards in general hospitals. In addition to branch services, non-government agencies provide basic activities, life skills training, vocational training and sheltered employment through contractual arrangements or government grants.

Sheltered Workshops and Activity Centres

A sheltered workshop or activity centre is a work-oriented rehabilitation facility in which clients learn work skills and are involved in producing a wide variety of goods and services. There are 40 sheltered workshops and activity centres in Saskatchewan managed by community boards. Only a small percentage of the persons attending have a history of mental health problems. The branch operates one workshop at Saskatchewan Hospital North Battleford.

Community Service Centres

The branch provides the Saskatchewan Mental Health Association with an annual grant to operate five community service centres located in Regina, Saskatoon, Moose Jaw, Weyburn and Swift Current. These centres provide clients with social, recreational and occupational opportunities. The Mental Health Association is also responsible for the Community Friends Program. Other projects and services available through the association include summer camps, training on the job, life-skills training, job placements, social action, volunteer visiting, and public education.

Self-Help Groups

The Mental Health Services Branch has encouraged and financially supported the development of self-help groups for persons with psychiatric disorders, recovering patients and family members. A number of such groups have been formed or strengthened since 1982-83: By Ourselves, Crocus Co-operative, SHARE, Portage Project, Agoraphobics Society, Friends of Schizophrenics, Alzheimer's Association and Societies for Autistic Children. For example, a home-based family support program for autistic children funded by Mental Health Services Branch and provided by the Autism Resource Centre (ARC), Regina, has been highly effective in reducing institutional placement of children with autism and related communication disorders. The Saskatoon Society for Autism has developed a similar program in Saskatoon for autistic children and their families, based on the Regina model.

Residential Services

Objective —

To provide support and guidance in daily living through a continuum of residential services. Services include approved homes, group homes and treatment homes, as well as supervised apartment-living programs. Payment for these services is on a fee-for-service basis using rates established under the Saskatchewan Assistance Plan.

Approved Homes

Family homes may be licensed under regulations in The Mental Health Act to provide a supportive residential environment in the community for a maximum of five individuals who require assistance in daily living. Approved homes are used by Mental Health Services Branch, Saskatchewan Health, and Rehabilitation Services Division (Mental Retardation Program), Saskatchewan Social Services. These homes are examined regularly to ensure that acceptable physical standards and levels of care are being provided.

On December 31, 1985, there were 421 approved homes with a total approved capacity for 1,297 guests. Occupancy involved 1,063 residents.

Group Homes

Group homes are established by volunteer community boards. They offer a high staff to client ratio within a family type setting. There are 12 homes in operation throughout the province: three in Regina, two each in Saskatoon and Battlefords regions, and one in each of the remaining five Mental Health Regions.

Supervised Apartment Living

In conjunction with the establishment of Group Home Programs, five volunteer boards have established supervised apartment living programs, adding another dimension to the total continuum of residential services. A total of 82 apartment living spaces exist in the Regina, Saskatoon, Moose Jaw, Yorkton and Prince Albert regions.

Research, Education and Health Promotion

Objective —

To provide basic and applied research aimed at gaining a better understanding of the nature of mental illness and the factors that give rise to mental and emotional disturbances, and to evaluate the effectiveness of services and service systems.

All regions are involved in professional education. As well as seeking to maintain and improve the skills of staff, the branch provides training opportunities for students in most of the mental health professions.

Public education in the areas of mental health and mental illness is viewed as an important part of regional programs. Efforts are being made to increase the emphasis given to mental health promotion and primary prevention through initiatives such as the Community Liaison Worker Program in the Swift Current and Prince Albert regions. The program employs local citizens in a number of small, rural communities to provide public information, referral and liaison with the Swift Current and Prince Albert Mental Health Centres. The intention of the program is to improve service accessibility and continuity for rural residents, and to assist regional staff in defining and meeting community mental health education needs.

Psychiatric Research

The Psychiatric Research Division located in Saskatoon has three sections, each of which reports to the Director of Research: Basic and Clinical Studies Section, an Analytical Section, and an Applied Studies Section.

The division generated 65 publications and edited seven books during the 1985-86 fiscal year. The publications included: 18 book chapters and review articles, 47 original papers and one report. Some 34 papers were also presented at national and international meetings. A complete list of publications is available from the Mental Health Services Branch, Psychiatric Research Division, CMR Building, University of Saskatchewan, Saskatoon.

During the past year, staff in the Research Division obtained approximately \$499,000 in funding from external agencies. More than \$117,000 was awarded by the Medical Research Council for continuing studies of Cerebral Trace Amines and for a study of enzymes in mental disorders.

In late 1983, the division launched a collaborative initiative with the University Hospital Department of Psychiatry called "multicentre research". This concept is a mechanism whereby a number of psychiatrists and other mental health professionals at the regional level can become more involved in ongoing research.

In addition to their active involvement in research programs, many staff serve on the editorial boards of scientific journals, participate in the process of reviewing grant applications from funding agencies and serve in a number of capacities in professional and community organizations concerned with mental health and mental health research.

Personnel

On March 31, 1986, the Mental Health Services Branch had 779 established staff positions. Included in those positions are 21 psychiatrists employed on a contractual basis.

The professional staff in each of the eight mental health regions include: social workers, community mental health nurses, psychiatrists, psychologists, psychiatric nurses and occupational, recreational and adjunctive therapists. Approximately 220 of these employees work primarily with community based programs. Although most staff are based in or near the major mental health facilities, an effort is being made to improve the accessibility of services by locating workers in outlying areas. Accordingly, professional staff are currently stationed in the eight main centres as well as in: Meadow Lake, Lloydminster, Humboldt, Kindersley, Rosetown, Assiniboia, Melfort, Estevan, Moosomin, and Nipawin.

For a number of years, the branch has had difficulty attracting qualified psychiatrists to the province,

particularly to the smaller rural centres. A variety of approaches have been undertaken over the last several years in an attempt to address the problem of the shortage of psychiatrists and substantial progress has been made. Improvements to contractual opportunities for psychiatrists made in 1981-82 have assisted significantly in attracting interested applicants. The branch also continues to work with the University of Saskatchewan and the private sector to develop and review a variety of other options.

The branch has also placed new emphasis on the recruitment and retention of other mental health professionals, notably psychologists, social workers and psychiatric nurses. Recent efforts have been relatively successful, and new strategies are being developed in an attempt to make further improvements. A series of professionally printed materials for recruitment of psychiatrists and other mental health professionals was completed during the 1984-85 fiscal year.

Table 30. Summary of Established Positions, Mental Health Services Branch, March 31, 1986

Position classifications	Total positions	Central office and related staff	Research	Regional programs	Sask. Hospital
Total	779*	24	14	460*	281
Psychiatrists	42*	2	—	38*	2
Other physicians	1	—	—	—	1
Psychologists	54	2	—	51	1
Social workers	72	—	—	71	1
Community mental health nurses	62	—	—	62	—
Nurses	298	—	—	148	150
Therapists	36	—	—	26	10
Laboratory/Technical/Treatment and care	23	2	12	6	3
Administrative and clerical	99	18	2	58	21
Institutional support	92	—	—	—	92

* Includes 21 contract positions.

Finance

Revenue — Collections from Estates

Mental health services are provided without charge to Saskatchewan residents. However, The Mental Health Act states that a claim may be made upon the estate of a deceased person for care received in certain provincial institutions prior to May 1, 1979. The allowable claim is \$5 per day of care. Certain beneficiaries of the estates residing in Saskatchewan are exempt from this claim, including father, mother, husband, wife, child, brother or sister. Other exemptions may be considered under certain circumstances defined in the legislation.

Table 31. Collections from Estates, Mental Health Services Branch, 1984-85 and 1985-86

	1984-85	1985-86
Number of Claims	47	50
Value of Claims	\$1,414,967.35	\$1,456,549.76
Amount Collected	\$ 374,755.49	\$ 492,062.08

Expenditures

Total provincial expenditures by the Mental Health Services Branch for the fiscal year ending March 31, 1986 amounted to \$30,352,559. Of this amount, \$27,825,503 was expended on mental health services, \$1,001,163 on psychiatric research and \$1,525,893 on grants to non-government organizations.

If expressed as a per capita cost for the entire provincial population, the expenditure made by Mental Health Services Branch for mental health services, including research and grants was \$29.20. This per capita cost does not include payments made by the Saskatchewan Medical Care Insurance Commission to psychiatrists and other physicians in private practice or university positions.

Regional Highlights

Battlefords

The Saskatchewan Hospital North Battleford and the Battlefords Mental Health Centre were accredited by the Canadian Council on Hospital Accreditation for another two year period.

Construction and renovation of a portion of unused space at the Saskatchewan Hospital North Battleford to provide a secure custody facility for young offenders continued.

The Battlefords Mental Health Planning Council was formed to develop a plan to co-ordinate mental health services.

Prince Albert

A full-time mental health clinic was established in Nipawin.

The Community Liaison Worker Program initiated in 1984-85 successfully continued with workers situated in Big River, Wakaw, Hudson Bay, and Carrot River.

Regina

Two new psychology positions were approved for Regina Child and Youth Services to provide mental health assessment, consultation and treatment services to young offenders.

An interspousal violence program for men who batter their spouses continued.

The Regina Aftercare Co-ordinating Committee was established to plan, co-ordinate and evaluate mental health services in the Regina region.

Saskatoon

A Wife Batters' Treatment Program, through the co-operative efforts of the Saskatoon Mental Health Clinic and the Saskatoon Pastoral Institute, became fully operational.

The Committee for Action on Self-Harm continued its work to develop a model to proactively minimize the risk and impact of suicide.

Two new psychology positions were approved for the MacNeill Clinic to provide assessment, consultation and treatment services to young offenders.

Swift Current

The Swift Current Mental Health Region received two years accreditation.

Weyburn

In response to the increased demand for services, a community mental health nurse and a part-time social worker are now residing in the Moosomin area.

Yorkton

The Yorkton Mental Health Centre was awarded accreditation for a two year period.

Figure 10. Mental Health Services



Key

- ◆ Saskatchewan Hospital North Battleford
- ⌘ Psychiatric Ward in General Hospital
- Mental Health Centre
- Psychiatric Research
- Mental Health Clinic
- ◐ Part-time Mental Health Clinic

March 1986

5. Continuing Care Branch

Objective

To develop, administer and co-ordinate services for those no longer able to live independently and who require a variety of support services; and to promote the highest degree of functional independence (physical, mental and social) possible for those individuals requiring care. Other objectives include the co-ordination of services and priority placements of people with the greatest unmet needs.

Continuing Care is not a single program delivered by one agency. It is an umbrella of programs and services for the elderly and disabled, provided by a number of agencies and organizations.

The philosophy of Continuing Care is based on the following beliefs:

- A comprehensive range of services should be readily accessible, as much as possible in or near the individual's community
- Responsibility for service delivery should rest at the local level as this provides a system that is

sensitive and responsive to local needs and priorities

- Co-operation among local health and social service agencies in the assessment and co-ordination of care services should be emphasized to ensure individuals are referred to the program that will best meet their needs and to reduce administrative barriers to receiving services

- Consultation should be emphasized as a method of operation. Although Continuing Care has authority to monitor and enforce standards in home care and special-care home programs, local service providers must be consulted and involved in discussions regarding policy and program initiatives

- Financial incentives to seek a particular service should be minimized

- Individuals should contribute a reasonable amount to the cost of services

Organization

Continuing Care is divided into three divisions. Two divisions (Special-care Homes and Home Care) have direct program responsibility. The Support Services Division provides specialized support

services to Continuing Care and the Department. In addition the Lakeside Home in Wolseley is administered by Continuing Care.

Highlights 1985-86

- A revised client fee system was introduced for home care services. When the system is completely phased-in, fees for service will be standard across the 45 home care districts.

- A report, "Saskatchewan Home Care: Future Directions," was released to serve as a focal point

for community discussion on future priorities for home care.

- Some 80 district coordinating committees (DCCs) have been formed and/or are in operation. DCCs are proving to be invaluable in assuring the coordination of care services in communities. This

coordination is resulting in a more effective and efficient use of local health care resources.

- A series of regional workshops was hosted by the Minister during the 1985-86 fiscal year. The workshops provided a forum for individuals working in the long term care field to exchange information and develop strategies for the future.

- Special grants totalling \$1,299,480 were provided to 30 home care districts for provision of respite care, palliative care and/or services to clients with high needs.

- Review of the home care program's nursing manual was completed. Many of the policies in the manual were revised.

- The second year of a five year special-care home construction program was completed. Of the 1,600 beds approved for the construction program, 218 beds were completed and in operation; 522 beds were under construction (excluding the level 4 project in Saskatoon and Lakeside Home, Wolseley).

- A significant increase in operating funding was provided to special-care homes for staff enrichment. Some 59 new positions were funded at an annualized cost of \$1.1 million.

- Construction commenced on the new 238 bed level 4 facility in Saskatoon. The facility will provide long term care for senior citizens and the young disabled, as well as provide some community outreach programs.

- Construction commenced on a new 80 bed special-care home in Wolseley. The new home will replace the existing 70 bed Lakeside Home.

- Funding was provided for the establishment of two psycho-geriatric daycare programs, one in Saskatoon and one in Regina. These programs are aimed at providing relief to the families and/or care providers of individuals with Alzheimer's or related diseases.

1985-86 Statistical Highlights

- About 80 per cent of seniors live very independently, often with the support of families, friends and neighbours, without seeking help from home care or moving into long term care facilities.

- However, about 20 per cent of seniors do use continuing care programs. This 20 per cent of seniors is composed of about 13 per cent who are still living in their homes with the assistance of home care and their families, and about 7 per cent who receive long term institutional care.

- Although we tend to think of "seniors" as anyone over the age of 65, the people who are likely to need continuing care services are much older.

- The percentage of people using continuing care programs increases very dramatically in the older age groups:

- only 5 per cent of people aged 65-69
- about 11 per cent of people aged 70-74
- about 21 per cent of people aged 75-79
- about 38 per cent of people aged 80-84, and
- about 66 per cent of people aged 85 and over.

- On average, the age of seniors served by home care is younger than the age of seniors living in long term care facilities. The average age of seniors served by home care is 79 years. The average age of seniors in long term care facilities is 84 years.

- Long term care facilities are increasingly being used for people requiring heavier care. Seventy-seven per cent of residents now receive level 3 and level 4 care, while only 2 per cent receive level 1 care.

- While most people who require continuing care services are seniors, about 14 per cent of home care clients and 8 per cent of long term care residents are under 65. Home care serves about 3 times as many people under 65 as are in long term care facilities.

- The major users of continuing care programs are female: about 69 per cent of home care clients and 67 per cent of people living in long term care facilities.

- The availability of a spouse is a key factor in determining the need for continuing care programs when a person loses some functional abilities:

- only 39 per cent of home care clients have a spouse.
- only 17 per cent of long term care residents have a spouse.

- Women aged 65 and over are much less likely to have a spouse (only 43 per cent) than men aged 65 and over (74 per cent).

Note: All references to long term care facilities refer to special-care homes and long term care units in hospitals.

Services and Activities

Home Care Program

Through the Home Care Division the Branch coordinates the Saskatchewan Home Care Program.

Each home care district is an incorporated, autonomous organization administered by a community board which is geographically representative of the district.

Purpose and Objective

To preserve and maximize an individual's ability to remain independent at home by offering services that provide needed care and support, and by fostering the widest possible use of available individual, family and community resources.

The program is founded on the beliefs that:

- individuals can usually retain greater independence and have more control over their lives in their own homes rather than in an institution, and that
- most individuals prefer to remain at home and to receive any required services at home.

The objectives of the program are:

1. To provide needed services to people in their own homes for the purpose of:
 - teaching them to care for themselves wherever possible,
 - delaying or preventing functional deterioration, and
 - giving support and assistance to families or friends providing care.
2. To serve as an integral part of the health and social service system by:
 - delaying or preventing the entry of an individual into a special-care home or by assisting in the care of an individual until placement is possible,
 - allowing earlier discharge from hospitals and reducing the frequency of readmissions,
 - establishing co-ordination and referral links to enable clients and families to make the best possible use of available community services, and
 - promoting the participation of volunteers in the system.
3. To improve the quality of life in Saskatchewan by:
 - providing services that protect the dignity of individuals requiring services and that allow them to retain control over their lives,
 - helping families shoulder the responsibility of caring for members requiring services, and

- developing an awareness of needs and resources within Saskatchewan communities.

Services

Services provided by all home care districts include nursing, homemaking, meals and home maintenance. Certain urban districts continue to provide physical and occupational therapy, social work and transportation services which were in place before the provincial home care program was established. All home care districts provide care co-ordination and assessment, and referral services to help individuals and families make use of available programs and resources. Each district is responsible for establishing volunteer services to complement the funded services.

Table 32. Number of Home Care Clients and Services

Type of Service	Units*	Per Cent of all Units	Per Cent of all Clients	Per Cent of all Clients
Nursing	123,171	8.9	9,235	47.7
Meals	419,683	30.4	4,754	24.5
Home Maintenance	32,743	2.4	4,228	21.8
Homemaking	805,175	58.3	12,119	62.6
All Services	1,380,772	100.0	19,372**	—

* One unit of nursing, homemaking or home maintenance is equal to an hour of client service. One meal is equal to one unit of service.

** Some clients may have received more than one type of service

Eligibility and Assessment

Applicants must hold a valid Saskatchewan Health Services Card or be in the process of establishing permanent residence in Saskatchewan.

When a district receives an application for services, it conducts an assessment to determine the services that are appropriate for the client. The assessment is completed prior to the delivery of any service except in emergency situations.

Client Charges

Prior to October 1, 1985, each home care district was responsible for setting client fees within specific policies that applied to all districts. These policies included:

- no fees for nursing services
- for the first \$60 of service fees, only 50 per cent billed to the client
- maximum monthly charge of \$250
- subsidies, based on income, available for services in excess of \$60 per month

Effective October 1, 1985, a revised client fee system was introduced. The revised system provides a simpler and more equitable fee schedule for home care clients. Features of the revised fee system include:

- standard fees for home care services throughout the 45 home care districts (when system is fully implemented in April, 1988).
- all clients, regardless of income, pay \$3.00 per unit for the first ten units of service received. (During the transition period, a few districts charge \$2.50 for the first ten units.)
- for clients receiving more than 10 units of service, the charge for each additional unit is dependent upon income.
- no fee for nursing services
- maximum monthly charge of \$250

Funding of Home Care Districts

Funding provided to home care districts by the Home Care Division falls into two categories, formula funding and target grants. The formula funding paid to each home care district consists of:

- block funding of \$44,940
- \$10 per capita
- \$44.78 per senior

Formula funding provided to the 45 home care districts in 1985-86 totalled \$18,180,634.

Target grants are provided to home care districts for high need care, respite care, palliative care and/or other means of supporting individuals at high risk of requiring institutionalization. The amount of the grant is dependent upon factors such as:

- the number of high need clients in the district
- the district's unique service needs (e.g. high proportion of seniors and/or disabled individuals)
- the home care district's existing resources

Target grants totalling \$1,299,480 were paid to 30 home care districts in 1985-86.

Special-care Homes Program

The Special-care Homes Division has overall responsibility for the special-care home program. This responsibility involves:

- monitoring quality of care in special-care homes
- consultation and assistance to special-care homes in program development, administration and financial management

- administration of special-care homes construction program, assistance to local boards in planning and construction of special-care homes
- review and approval of operating funding for special-care homes

Purpose and Objectives

The purpose of the Special-care Home program is to provide long-term institutional care services for Saskatchewan residents who do not require hospitalization but do require a greater degree of care or supervision than they would receive living in their own homes. Services provided range from meals, laundry services, activation and assistance with personal care to specialized nursing care with 24-hour supervision and rehabilitation therapies.

The objectives of the program are:

- (1) to ensure that resources, programs and adequate accommodation are available to meet the needs of Saskatchewan residents who require long-term institutional care, and
- (2) to ensure provision of the care, treatment and support necessary to enable residents to regain and maintain the highest possible degree of health and independence.

Legislative and Regulatory Authority

Special-care homes operate under The Housing and Special-care Homes Act, The Housing and Special-care Homes Regulations, and The Housing and Special-care Homes Care and Rates Regulations.

Levels of Care

Levels of care are used primarily for statistical purposes and as a means of communication among health care professionals. Use of these level of care designations is being de-emphasized for placement and care coordination purposes. Emphasis is being placed on meeting the individual's care needs rather than classifying by level of care.

- Level 1 — residents require some supervisory care; primarily an accommodation rather than a care arrangement
- Level 2 — residents require some supervision and assistance with activities of daily living
- Level 3 — residents require intensive personal or nursing care
- Level 4 — residents who do not require acute hospital care and treatment, but require continuous medical care and 24 hour nursing care. Level 4 care is divided into three components — specialized supervisory care, supportive care and restorative care

Distribution of Long Term Care residents* by level of care March 31, 1986.

Level of Care	Number	%
1	212	2.2
2	1,982	20.7
3	4,195	43.7
4	3,202	33.4
Total	9,591	100.0

* Includes persons receiving long term care in special-care homes and hospitals at March 31, 1986.

Eligibility and Assessment

In areas of the province where district coordinating committees (DCCs) are functioning, client assessment, determination of appropriate service and prioritizing clients for services would be carried out by the DCC. Special-care homes continue to make final decisions on admissions to their facilities.

Resident Charges

Effective December 1, 1983 the Housing and Special-care Homes Care and Rates Regulations were amended to provide for quarterly adjustments to the standard resident charge. The charge was set so as to ensure all single residents would have at least \$100 disposable income per month. The resident charge is adjusted in accordance with increases in maximum single rate Old Age Security/Guaranteed Income Supplement/Saskatchewan Income Plan payments. Increases in OAS and GIS are effected on a quarterly basis. The resident charge increase is effective one month later.

The standard resident charge at April 1, 1985 was \$469.00 per month. The quarterly adjustments to the resident charge resulted in the following charges during 1985-86:

Effective Date	Resident Charge
May 1, 1985	\$474
August 1, 1985	480
November 1, 1985	485
February 1, 1986	489

Method of Funding

Special-care homes are primarily funded through operating grants provided by Continuing Care and resident charges collected by the homes. Grants for construction and renovations may be available on approved projects.

Operational Funding

Operating grants to non-profit special-care homes are based on budgets submitted by the homes for review and approval by the department. Budgets are approved based on available financial resources, and payments are made to the homes on a monthly basis.

Commercial homes are funded on a negotiated fee-for-service basis. Level 4 beds in acute care hospitals are funded by Continuing Care through Saskatchewan Hospital Services Plan.

In 1985-86, Continuing Care paid a total of \$152,703,538 in operating grants for special-care homes.

Table 33. Saskatchewan Long-Term Care Beds March 31, 1986

	Facilities	Beds
Special-care Homes		
Local Homes	136	8,068
Regional Level 4 Facilities	6	835
Total*	141	8,903
Hospitals		
Level 4 Units	9	402
Community Level 4 beds	91	184
Total:	100	586
Grand Total:	241	9,489

* One special-care home contains both local and regional beds. This home appears in both the local and regional facility categories, but is counted only once in the total.

Construction Funding

Construction grants are provided for special-care homes sponsored by non-profit corporations (e.g. municipalities, churches and charitable organizations). Commercial homes are not eligible for construction grants.

The Construction grant formula is:

New Facilities	
Provincial Grant	13 per cent
CMHC Mortgage	72 per cent
Local Sponsors	15 per cent
Renovation	
Provincial Grant	50 per cent
Local Sponsors	50 per cent

Canada Mortgage and Housing Corporation provides loan guarantees and interest rate "write downs" (i.e. subsidies) to two per cent on the mortgage. The amortized mortgage payments are subsequently recognized and funded as an operating cost by Continuing Care.

All construction projects must be approved by the Minister of Health.

In 1985-86, Continuing Care paid a total of \$6,250,000 in construction and renovation grants, \$5,915,926 for facilities construction, \$318,688 for renovation projects and \$15,386 to offset the cost of feasibility studies commissioned by some special-care homes.

Separate Statistical Report

The Continuing Care Branch publishes separate statistical reports on home care and long term care in special-care homes and hospitals. Copies are available from the Executive Director, Continuing Care Branch, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

Table 34. Construction Program, 1985-86

1. New Projects		Grant Paid
Arborefield	New 36 bed facility	\$ 400,000
Big River	New 30 bed facility	385,000
Dalmeny	9 new and 27 replacement beds	390,000
Duck Lake	New 30 bed facility	215,000
Eston	22 replacement beds	400,000
Foam Lake	10 new and 2 replacement beds	531,663
Goodsoil	12 bed integrated facility	100,000
Lampman	19 bed integrated facility	240,000
Lucky Lake	12 bed integrated facility	155,000
Meadow Lake	25 replacement beds	435,000
Melville	30 new and 2 replacement beds	760,000
Nokomis	12 bed integrated facility	100,000
Rabbit Lake	12 bed integrated facility	100,000
Rose Valley	12 bed integrated facility	150,000
Saltcoats	New 30 bed facility	340,000
Saskatoon	Lutheran Sunset — 2 new and 78 replacement beds	1,000,000
Final payments on prior years' projects:		214,263
Total:		\$5,915,926
2. Renovations		Grant Paid
Battleford	Installation of whirl pool tub	\$ 6,291
Cudworth	Replacement of main entrance door	2,887
Humboldt	Nurse call system	20,000
Ituna	Sidewalk and patio	1,207
Maidstone	Construction of storage shed	6,500
Nipawin	Roof repairs	15,000
Regina	Pioneer Village — daycare renovations	29,262
Regina	Salvation Army Eventide Home — fire safety renovations	19,218
Rosetown	Auxiliary power	600
Saskatoon	Frank Eliason Centre — roof repairs	7,170
Saskatoon	Jubilee Residences, Porteous Lodge — renovations to front entrance	50,000
Saskatoon	Lutheran Sunset — daycare renovations	46,505
Shaunavon	Sprinkler system and crawl space renovations	67,000
Swift Current	Prairie Pioneer Lodge — fire exits and patios	18,000
Swift Current	Swift Current Nursing Home — fire safety renovations	25,000
Wilkie	Air conditioning in kitchen, sidewalk, boardroom renovations	4,048
Total:		\$ 318,688

Table 35. Home Care Clients as a Percentage of all District Population* by Age and Sex, 1985-86

Age Group	Male Clients Number	Male Population Number	Utilization Rate Per Cent	Female Clients Number	Female Population Number	Utilization Rate Per Cent	All Clients Number	All Population Number	Utilization Rate Per Cent
0-19	69	152,943	0.0	73	145,669	0.1	142	298,612	0.0
20-39	168	166,142	0.1	453	157,541	0.3	621	323,683	0.2
40-59	382	90,863	0.4	749	89,788	0.8	1,131	180,651	0.6
60-64	273	21,589	1.3	593	22,567	2.6	866	44,156	2.0
65-69	513	18,994	2.7	1,301	21,128	6.2	1,814	40,122	4.5
70-74	877	15,643	5.6	2,243	18,145	12.4	3,120	33,788	9.2
75-79	1,102	10,884	10.1	2,841	13,143	21.6	3,943	24,027	16.4
80-84	1,188	6,534	18.2	2,620	8,434	31.1	3,808	14,968	25.4
85-89	834	2,983	28.0	1,705	4,785	35.6	2,539	7,768	32.7
90+	492	1,565	31.4	829	2,940	28.2	1,321	4,505	29.3
Total	5,898	488,140	1.2	13,407	484,140	2.8	19,305	972,280	2.0

* Home care district population excludes residents of Indian Reservations and residents of Northern Saskatchewan.

Table 36. Long Term Care Residents* as a Percentage of Provincial Population by Age and Sex, March 31, 1986

Age Group	Males			Females			All		
	Residents	Population	Utilization Rate Per Cent	Residents	Population	Utilization Rate Per Cent	Residents	Population	Utilization Rate Per Cent
0-19	5	170,816	0.0	3	163,183	0.0	8	333,999	0.0
20-39	80	176,648	0.0	80	167,860	0.0	160	344,508	0.0
40-59	194	94,890	0.2	189	93,187	0.2	383	188,077	0.2
60-64	122	22,147	0.6	125	23,090	0.5	247	45,237	0.5
65-69	189	19,401	1.0	238	21,486	1.1	427	40,887	1.0
70-74	317	16,014	2.0	433	18,467	2.3	750	34,481	2.2
75-79	482	11,081	4.3	814	13,327	6.1	1,296	24,408	5.3
80-84	627	6,661	9.4	1,315	8,550	15.4	1,942	15,211	12.8
85-89	600	3,039	19.7	1,592	4,847	32.8	2,192	7,886	27.8
90+	581	1,586	36.6	1,605	2,969	54.1	2,186	4,555	48.0
Total	3,197	522,283	0.6	6,394	516,966	1.2	9,591	1,039,249	0.9

* Long term care residents include all persons residing in special-care homes and hospitals at March 31, 1986. Residents of hospitals include persons who occupy beds designated for long term care and persons who are accommodated in acute care beds until alternative care arrangements are made.

Figure 11. Saskatchewan Home Care Program District Boundary Map



Legend

★ Denotes District Office Location

- | | | | | |
|----------------------|---------------------------|-------------------------------|-----------------------------|-------------------------|
| 1 - Sand Hills | 10 - South East | 19 - Rosetown and District | 28 - Prince Albert Pineand | 37 - Potash Country |
| 2 - Grasslands | 11 - Canington | 20 - Wild Goose | 29 - Country Valley | 38 - Prairie Land |
| 3 - Wheatland | 12 - Moose Mountain Trail | 21 - West Central | 30 - Wakaw-Cudworth | 39 - Qu'Appelle Valley |
| 4 - White Mud | 13 - Pipestone Valley | 22 - Biggar and District | 31 - Nipawin | 40 - Touchwood Hills |
| 5 - Wood River | 14 - Squirrel Hills | 23 - Greenhead | 32 - Melfort | 41 - Yellowhead Emerald |
| 6 - Thunder Creek | 15 - Wascana | 24 - Battlefords and District | 33 - Pasqua | 42 - Gull Plains |
| 7 - South Country | 16 - Watrous-Davidson | 25 - Twin Rivers | 34 - Fort Pelly-Livingstone | 43 - Langham |
| 8 - Weyburn and Area | 17 - Outlook and District | 26 - North-West | 35 - Canora | 44 - Humboldt |
| 9 - Estevan Area | 18 - Beechy-Eston | 27 - Woodland | 36 - Yorkton | 45 - Saskatoon |

January 1, 1985

6. Saskatchewan Health Dental Plan

Prior to 1945 no major government programs were established in Saskatchewan in the area of public dental health. In 1945, the newly formed Swift Current Health Region implemented a dental care program for children up to age 12. The second major initiative occurred in 1948 with the creation of the Dental Health Division of the Regional Health Services Branch, Department of Public Health.

On September 1, 1970 a demonstration project to provide comprehensive dental care to children up to age 12 was initiated in the Oxbow School Unit in southeast Saskatchewan. The goal of the program was to assess the feasibility of using dental auxiliary personnel (dental nurses and dental assistants) to provide dental services to school children. On the basis of the successful Oxbow Project, the Government of Saskatchewan announced in March 1972 that a province-wide, school-based dental program would be established to provide comprehensive dental care to children between the ages of 3 and 12.

Effective April 1, 1974 the Dental Health Division of the Regional Health Services Branch was reorganized and became an agency of Saskatchewan Health. On that date the division became known as the Saskatchewan Health Dental Plan. The Dental Plan was charged with the responsibility for administering the new dental care program.

The program began in September 1974, providing care to children born in 1968. Additional age groups have been added since that time.

The Dental Plan currently provides dental care to children and adolescents between the ages of 5 and 16 inclusive.

Children and adolescents enrolled in the Dental Plan have been receiving dental care primarily in school dental clinics. However, upon leaving school, these persons will be responsible for their own dental health and will need to seek care from a dentist in private practice. A bridging program has

been developed in co-operation with the College of Dental Surgeons of Saskatchewan to encourage young people to make this transition. The program provides for the majority of adolescents 14 years and over, who are enrolled in the Dental Plan, to receive care in private dental offices.

Responsibilities

The major responsibility of the Saskatchewan Health Dental Plan is to improve the level of dental health of eligible children and adolescents. Under the authority of The Dental Care Act, the Dental Plan is achieving this goal by providing basic clinical treatment services and by teaching personal oral hygiene techniques.

Other responsibilities of the Dental Plan are to:

- administer the Supplementary Health Dental Benefits Program which provides dental care to social assistance recipients,
- arrange for the provision of dental services in the Provincial Correctional Centres on behalf of the Department of Justice, and
- provide consultation on provincial dental matters to other agencies such as the Northern Health Services Branch, Community Health Services Branch, Medical Care Insurance Commission and the Federal Government.

Highlights

As of August 31, 1985:

- 165,101 children and adolescents were enrolled in the program and were under treatment;
- the total number of decayed, missing and filled permanent and baby teeth for six year old children has declined from 6.5 in 1974-75 to 3.4 in 1984-85;

— 32,189 adolescents were assigned to receive dental care from private practitioners;

— the percentage of adolescents assigned to private practitioners by year of birth:

1968	83.9%
1969	81.6%
1970	70.6%

The average cost per child for dental services provided for the year ending August 31, 1985 was \$92.56.

Children born in 1980 became eligible for enrollment in the Dental Plan on September 1, 1985, with benefits available to children and adolescents born in the years 1969-1980 inclusive.

Separate Annual Report

Copies of program year reports (September 1 to August 31) for 1974-75 and subsequent years are available from the Executive Director, Saskatchewan Health Dental Plan, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

A September 1 to August 31 reporting period is used because dental care is delivered through clinics set up in schools. Consequently, the service year is more closely related to the school year than the fiscal year.

7. Saskatchewan Prescription Drug Plan

Objectives

- to reduce the direct cost of prescription drugs to Saskatchewan residents
- to provide coverage of high quality therapeutically effective drugs
- to reduce the cost of drug materials through quantity discounts and effective price competition, and
- to encourage the rational use of prescription drugs

Services and Eligibility

All Saskatchewan residents with a valid Health Services Card are eligible for coverage under the Drug Plan with the exception of those individuals who have prescription costs paid by federal or other provincial government agencies.

Consumer Cost

As of March 31, 1986, Saskatchewan residents pay a maximum of \$3.95 for each prescription for drugs covered by the Prescription Drug Plan. The balance of the dispensing fee and the full cost of drug material is paid by the Drug Plan to the dispensing pharmacy.

Prescription Requirements

A prescription order from a physician or dentist is required for all drugs covered by the Drug Plan except for insulin and urine-testing agents used by diabetics.

Drug Coverage

All drugs listed in the Saskatchewan Formulary are covered by the Prescription Drug Plan. The

Saskatchewan Formulary is a list of nearly 1,700 drug products. These products are high quality, valid therapeutic agents necessary for the diagnosis, prevention or treatment of mental and physical disorders. The Saskatchewan Formulary has been developed by the members of the Saskatchewan Formulary Committee, made up of representatives of physicians, pharmacists, pharmacologists and nurses appointed by the Minister of Health. In addition, the Drug Quality Assessment Committee inspects prescription drug manufacturing plants to ensure the high quality of drug products and evaluates the therapeutic effectiveness of the respective drugs. The Formulary is updated on January 1 and July 1 each year.

Non-formulary drugs may be approved for coverage in certain circumstances under the "exception drug status" provision.

Out-of-Province

The Prescription Drug Plan pays only for drugs purchased from Saskatchewan pharmacies or from participating pharmacies located in certain Alberta and Manitoba communities bordering Saskatchewan.

Special Coverage

Some residents are entitled to Prescription Drug Plan benefits at a reduced prescription charge:

- (a) All Saskatchewan Assistance Plan recipients are entitled to receive the following drugs without charge: insulin, oral hypoglycemics, injectable vitamin B₁₂, and oral contraceptives. In addition, allergenic extracts and products used in megavitamin therapy are paid by Saskatchewan Health, Medical Services

Division. Other formulary products are available to them at a reduced prescription charge of \$2.

(b) Saskatchewan Assistance Plan beneficiaries who are nominated on the basis of drug need and all persons 18 years of age or under who are dependants of Saskatchewan Assistance Plan beneficiaries are entitled to obtain all drugs listed in the Saskatchewan Formulary without charge.

(c) Saskatchewan Assistance Plan recipients in nursing homes and in approved homes are entitled to obtain all drugs without charge. Non-formulary drugs are paid by Saskatchewan Health, Medical Services Division.

(d) Cystic fibrosis patients, paraplegics and chronic renal disease patients receive all disease-related drugs without charge. Non-formulary drugs are paid by Saskatchewan Aids to Independent Living (SAIL).

Product Interchangeability

Under the Prescription Drug Plan, pharmacists are expected to substitute lower priced products of equal quality in interchangeable drug categories to effect cost reductions. If a physician believes that a particular brand of drug is necessary for a particular patient, he or she must indicate "no substitution" on the prescription order. The pharmacist will then dispense the brand of drug specified by the physician.

Acquisition and Distribution of Drug Materials

The Drug Plan is not directly engaged in the purchase and distribution of drug products to pharmacies. This function is carried out by existing manufacturers and distributors.

The prices listed in the Saskatchewan Formulary are determined by two methods: Standing Offer Contracts and Maximum Allowable Cost.

1. Standing Offer Contract (SOC)

An SOC is a contract between a manufacturer and the Drug Plan to supply certain drug products to approved distributors at a contracted price. They, in turn, distribute the drugs to pharmacies.

The Saskatchewan Formulary Committee approves suppliers of particular drugs. All approved suppliers of that drug are invited to bid on a tender. An SOC is usually awarded to the supplier(s) who tenders the lowest price.

In some cases, SOC's are used to obtain quantity discounts for drug products which are supplied by a single manufacturer.

2. Maximum Allowable Cost (MAC)

The MAC method is used where the volume required of a particular drug is not sufficient to establish a Standing Offer Contract. Drug manufacturers must provide guaranteed maximum prices for each drug they have listed in the Saskatchewan Formulary. When a drug is listed in an interchangeable category, the Drug Plan will reimburse the pharmacy for its acquisition cost up to the lowest guaranteed price in the Saskatchewan Formulary for drugs in that interchangeable category.

Through its formulary system and drug acquisition policy, the Prescription Drug Plan has substantially reduced the costs of drug materials. As a result, Saskatchewan has achieved highly competitive drug prices.

Diabetic Policy

Diabetics do not require a physician's prescription to obtain insulin and urine-testing agents as benefits under the Prescription Drug Plan. A diabetic pays a maximum prescription charge of \$1.00 for each package of insulin or urine-testing agent.

Oxygen Policy

Medical oxygen must be prescribed to be a benefit under the Drug Plan and may be obtained from any approved Saskatchewan distributor of medical oxygen. The Prescription Drug Plan pays for the cost of the oxygen plus the transportation cost to a local distributor. With the exception of Saskatchewan Assistance Plan beneficiaries, the patient pays local transportation costs and the cost of cylinder rental.

Nutritional Products Policy

Certain nutritional products may be covered by the Prescription Drug Plan on "exception drug status" when certain specific disease states do not permit the utilization of food. The request for coverage must be made by the prescribing physician. If coverage is approved, the Prescription Drug Plan will reimburse the patient for 70 per cent of the nutritional supplement cost in excess of the first \$100 for some conditions, and in excess of the first \$1,000 for others.

Separate Annual Report

The Saskatchewan Prescription Drug Plan will publish a separate 1985-86 Annual Report. It will be available from the Executive Director, Saskatchewan Prescription Drug Plan, 3475 Albert Street, Regina, S4S 6X6.

8. Ambulance Services Unit

Road Ambulance Services

In 1982 the Ambulance Review Committee was established to evaluate the existing ambulance program and to recommend improvements. The result of the committee's study was the recommendation to create a branch within the Department of Health which would be responsible for the ambulance regulatory and funding functions. On April 1, 1983, the Ambulance Services Unit was established to fulfill that role. This consolidation of ambulance services in Health recognized the importance of prehospital care within the health care community.

There are 108 ambulance districts in Saskatchewan. Each district establishes an ambulance board comprised of representatives from participating municipalities. The ambulance board is responsible for providing ambulance service for their district and for setting patient charges. Boards can either provide this service through public operation or by contract with a private operator. To minimize patient fees, the Department of Health distributes an annual grant to the boards based on a funding formula.

In 1986, a new initiative, the Senior Citizens' Ambulance Assistance Program, was implemented. This program limits charges to residents of Saskatchewan 65 years or older to \$150 per trip.

The Ambulance Services Unit is based in Regina. There are three ambulance consultants who conduct inspections and visitations throughout Saskatchewan to ensure vehicles and equipment meet regulations, and to provide advice to both ambulance operators and boards.

The Education Coordinator monitors the training status of the ambulance personnel working in the Province.

In 1985-86, provincial grants to Ambulance District Boards totalled \$5.35 million. This compares to \$4.9 million paid in 1984-85.

Table 37. Road Ambulance Services, Saskatchewan 1984-85 and 1985-86

Statistics	1984-85	1985-86
Number of licensed ambulance services	104	104
Number of licensed ambulance vehicles	181	187

Air Ambulance Service

The Ambulance Services Unit is also responsible for the approval of air ambulance requests from Saskatchewan residents and for the general administration of the service. Since the inception of the Air Ambulance Program in 1946, 28,875 patients have been transported as of March 31, 1986. This includes 28,001 flights and 15,673,559 kilometres travelled with no record of injury to

either crew or passengers during any of the flights. Air Ambulance Service, which is currently based in Saskatoon, is offered on a 24 hours-a-day, 365 days-a-year basis.

Saskatchewan Health establishes the standards and level of service required for air ambulances in conjunction with Air Transportation Services of

Saskatchewan Supply and Services. That agency provides the actual air ambulance service, and charges Saskatchewan Health on a cost-per-kilometre basis. Patients are charged a percentage of the total cost of the flight, with Saskatchewan Health assuming the responsibility

for the remainder of the expenses. Individuals flown within Saskatchewan are charged a flat rate of \$140 regardless of distance. The charge for out-of-province flights is 62.5 cents per kilometre flown, based on the round trip distance.

Table 38. Saskatchewan Air Ambulance Services, 1984-85 and 1985-86

Location/Type of Craft	Number of patients		Number of flights	
	1984-85	1985-86	1984-85	1985-86
Within Province				
— Air Ambulance	416	471	379	437
— Charter	8	2	7	2
Sub Total	424	473	386	439
Outside Province				
— Air Ambulance	48	23	49	23
— Charter	1	14	1	14
Sub Total	49	37	50	37
Grand Total	473	510	436	476

9. Saskatchewan Hospital Services Plan

History

Documents show that a prepaid hospital insurance plan was operating in the Northwest Territories as early as 1889. During the next 58 years many local hospital insurance plans were implemented by municipalities and health regions in Saskatchewan with the provincial health department involved primarily in the area of hospital standards. The enactment of The Union Hospital Act of 1916 encouraged municipalities too small to finance

their own hospital to combine their resources to support one hospital which would serve several municipalities.

These developments were followed by the enactment of The Saskatchewan Hospitalization Act in 1946, which gave Saskatchewan universal hospital care insurance on a province-wide basis, effective January 1, 1947.

Objectives

- to register residents as beneficiaries of Saskatchewan health programs through the issue of Health Services cards
- to fund hospitals at a rate approved by the plan for health care provided to beneficiaries
- to ensure the maintenance of minimum standards of safety and patient care in hospitals and to provide a limited consulting service
- to authorize the expansion, improvement or addition of programs in hospitals
- to provide planning and financial assistance for hospital construction
- to arrange for municipalities not subject to taxation for hospital support purposes to contribute the equivalent of two mills or more on their equalized municipal tax assessment to be distributed to eligible hospitals. This is done under the authority of The Hospital Revenue Act
- to provide consultative service to:
 - (a) municipalities in forming new Union Hospital Districts,
 - (b) Union Hospital Districts in altering the composition of the district, dissolving a district or amalgamating two or more existing districts, and
 - (c) Union Hospital Boards in conducting the general affairs of Union Hospital Districts.
- to fund other approved facilities for insured services provided to beneficiaries
- to provide a limited custom data processing service to other government agencies
- to fund community clinics and to make payments for medical services rendered under an agreement whereby the Saskatchewan Hospital Services Plan acts as an agent for the Saskatchewan Medical Care Insurance Commission
- to provide planning and financial assistance for the development and operation of community health and social centres and;
- to make disbursements from the Clinical Services Fund, which funds certain service-related areas in the medical education system.

Major Features of the Plan

Eligibility

New residents entering Saskatchewan from other parts of Canada are provided benefits from the first day of the third month following the date they establish residence in the province and register with the plan.

Benefits

In-province benefits include in-patient care at standard ward level in acute care hospitals, outpatient services to the level that individual hospitals and certain approved outpatient facilities are able to provide and physical therapy services provided by facilities which have an agreement with Saskatchewan Health.

Benefits are not restricted by age or pre-existing health conditions.

The plan also provides benefits for services provided by hospitals elsewhere in Canada, including standard ward care at rates established by the province in which services are received and payment for outpatient services rendered that are a benefit within Saskatchewan. Authorized charges or utilization fees levied by the province in which the hospital is located are the responsibility of the individual patient.

Outside Canada payment (Canadian funds) will be made by the plan for all authorized services provided by an approved hospital to a Saskatchewan beneficiary who is temporarily absent from Saskatchewan, based on the average daily charge to a maximum equal to 100 per cent of the average daily rate for Regina and Saskatoon hospitals in the preceding year.

For treatment not available in Canada, all fair and reasonable charges plus exchange will be paid provided the treatment was approved by the Saskatchewan Medical Care Insurance Commission, the Saskatchewan Cancer Foundation or the Alcohol and Drug Abuse Commission of Saskatchewan.

Extended Care

Effective July 1, 1981 the Department of Social Services, Continuing Care Division, assumed responsibility for the provision of extended care (Level 4) services in all regional Level 4 facilities, excluding community hospitals. This responsibility was reassigned to Saskatchewan Health April 1, 1983.

As of March 31, 1986, nine regional Level 4 facilities in the province were providing 1,237

beds. General hospitals located in communities without a Level 4 facility are each allowed the option of allocating two beds for Level 4b patients (patients requiring skilled nursing care and specialized techniques to arrest or retard deterioration). As of March 31, 1986, 184 beds were available under this program.

Physical Therapy Services

Privately owned physical therapy facilities that have entered into a contractual agreement with the Minister of Health provide physical therapy services as a benefit of the plan.

Saskatchewan Cancer Foundation

The foundation maintains two outpatient clinics: the Allan Blair Memorial Clinic in Regina and the Saskatoon Cancer Clinic. The clinics are responsible for the consolidation and co-ordination of the Saskatchewan cancer program. In 1985-86 the Saskatchewan Hospital Services Plan administered an appropriation of \$15,897,600 for cancer services.

The foundation publishes its own annual report, which is available from the Saskatchewan Cancer Foundation, Suite 400, 2631 28th Ave., Regina, S4S 6X3.

Community Clinics

During 1985-86 community clinics were operating in Regina, Saskatoon, Prince Albert and Wynyard. These facilities are consumer-oriented clinics operated by co-operative health associations and their elected boards of directors. They offer a wide range of health services. The board enters into agreements with general physicians and specialists for the provision of medical services. The association provides facilities and equipment required to operate the clinic. The operating budgets of the clinics are provided by the plan.

Community Health and Social Centres

As of March 31, 1986, 11 community health and social centres were in operation in Delisle, Hodgeville, Leroy, Maryfield, Mossbank, Neudorf, Quill Lake, Raymore, Strasbourg, Willow Bunch and Zenon Park.

These facilities receive funding from both Saskatchewan Health and Saskatchewan Social Services. The basic components of their program are:

- (a) outpatient diagnostic and treatment services based on a regular visiting physician service
- (b) an on-call nurse to provide 24-hour emergency service
- (c) a home care program
- (d) a social activity program primarily for elderly people; and,
- (e) regional social services

Grants in Assistance of Clinical Services Provided by the Medical Education System (Clinical Services Fund)

Certain service-related areas in the medical education system receive funding from the Clinical

Services Fund, administered by the Ministers' Advisory Committee on Service Funding. The committee is appointed by the Ministers of Health and Advanced Education and Manpower and includes representatives of Saskatchewan Health, Saskatchewan Advanced Education and Manpower, Saskatchewan Finance and the Saskatchewan Universities Commission.

The Clinical Services Fund finances postgraduate education of interns and residents. It also funds the service component of the salaries of certain faculty members of the College of Medicine and some other service-related projects associated with medical education.

In 1985-86 the Saskatchewan Hospital Services Plan disbursed \$11,132,000 from the Clinical Services Fund.

Highlights for 1985-86

Mr. E. H. Wright was appointed Executive Director.

Mr. E. Dick was appointed Associate Executive Director.

Mr. H. Parslow was appointed Director, Hospital Services Division.

A perinatal Intensive Care Unit was established at Regina General Hospital to serve the southern half of the Province.

Supplemental funding was provided to Saskatoon hospitals to control surgical waiting lists.

Construction contracts were awarded for Integrated Facility projects at Lampman, Rose Valley, Lucky Lake, Nokomis, Rabbit Lake and Goodsoil.

Construction began on the Wascana Rehabilitation Centre which is a \$50 million project.

Package 3 at Regina General Hospital with an estimated value of \$30 million commenced construction.

Work was completed on Package 3, Pasqua Hospital, Regina, estimated at \$22 million.

Saskatoon City Hospital was given approval to plan for a new \$100 million hospital.

St. Paul's Hospital, Saskatoon began a major expansion project estimated at \$52.7 million.

Melfort Union Hospital completed a major expansion.

Nipawin neared the completion of a new 70 bed hospital.

Yorkton Union Hospital is undergoing a major expansion project.

Construction began on new hospitals at Lloydminster and Maidstone, and planning and design work was underway for replacement hospitals at Watrous, Hudson Bay and Watson.

Separate Annual Report

The Saskatchewan Hospital Services Plan (SHSP) publishes a separate annual report. This report provides details of the plan together with statistical and financial data. Copies are available from the Executive Director, Saskatchewan Hospital Services Plan, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

10. Saskatchewan Medical Care Insurance Plan

Objective

To provide a wide range of medical benefits to Saskatchewan residents. The plan was inaugurated on July 1, 1962 and operates under

the authority of The Saskatchewan Medical Care Insurance Act, 1961.

Administration

The plan is administered by a Commission consisting of a minimum of seven and a maximum of eleven members appointed by the Lieutenant Governor-in-Council. Two of the Commissioners are nominated by the Saskatchewan Medical

Association and one by the Dean of Medicine, University of Saskatchewan. The remaining Commission members represent many disciplines and areas of residence.

Responsibilities

Regulatory powers are divided between the Lieutenant Governor-in-Council and Commission on the following basis:

1. Lieutenant Governor-in-Council Powers

- all issues pertaining to the nature and range of benefits administered by the Plan, as well as those matters having fiscal implications.

The Lieutenant Governor-in-Council may not make any regulations substantially affecting the operation of the Plan without first consulting the Commission.

2. Commission Powers

- all matters governing arrangements to pay for insured services, rates of payment to providers of services, methods of payment and assessment of accounts.

Before making any regulations altering the general rates of payment for physician-insured services, the Commission is required to consult the Board of Directors of the Saskatchewan Medical Association.

Major Features of the Plan

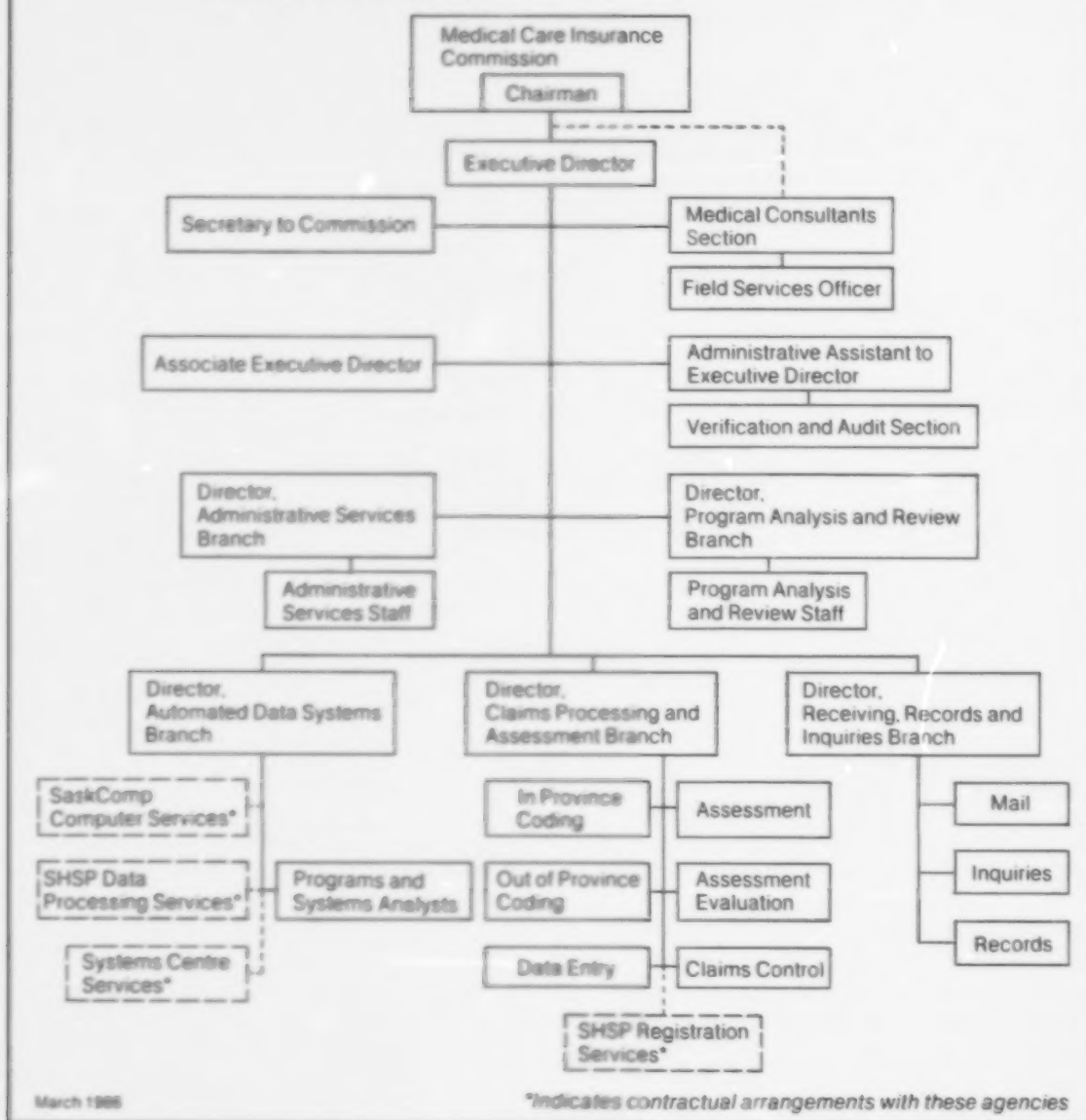
Eligibility for benefits for residents is solely dependent upon registration. No premiums are levied. Persons may register by contacting the Saskatchewan Hospital Services Plan or administrators of towns, villages and rural municipalities.

New residents to Saskatchewan are required to register for, and are provided with, benefits from the first day of the third calendar month following the date they establish residence in the Province.

Special residents such as landed immigrants and discharged members of the Canadian Forces who establish residence in Saskatchewan on or before the first day of the third calendar month after their arrival in Canada receive benefits from the date they establish residence in Saskatchewan.

Residents who are members of the Canadian Forces or the Royal Canadian Mounted Police and the inmates of federal penitentiaries are not eligible for benefits under the Plan. They are

Figure 12. Organization of the Saskatchewan Medical Care Insurance Commission



entitled to receive medical care under federal government programs.

The signing on May 22, 1985, of Saskatoon Agreement II between the Saskatchewan Medical Association and the Government of Saskatchewan, formed the basis for amendments to The Saskatchewan Medical Care Insurance Act, effective August 1, 1985, which prohibits extra-billing by providers of insured services in Saskatchewan.

A beneficiary is entitled to receive benefits, generally at Saskatchewan rates, for most insured

services provided anywhere in the world. Payment for insured services is made on the basis of 100 per cent of the Commission's Payment Schedule and in accordance with its assessment rules.

Separate Annual Report

The Medical Care Insurance Commission publishes a separate annual report. This report and information booklets may be obtained by writing to the Commission Secretary, Medical Care Insurance Commission, T. C. Douglas Building, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6.

11. Saskatchewan Alcohol and Drug Abuse Commission (SADAC)

Introduction

The Saskatchewan Alcohol and Drug Abuse Commission (SADAC) provides alcohol and drug education and treatment services to Saskatchewan residents.

The Alcoholism Commission of Saskatchewan Act (R.S.S. 1978), which governs SADAC, provides for at least eight and not more than 12 board

members appointed by the Lieutenant-Governor-in-Council. The members of the Board are appointed from throughout the province and represent varying interests and disciplines. SADAC reports through the Chairman to a designated member of Executive Council, currently the Minister of Health.

Objectives

SADAC is responsible for carrying out the following objectives:

1. to promote greater community awareness of the dimensions of the problems of alcohol and drug abuse, with a view to community action;
2. to provide early intervention of alcohol and drug abuse in order to reduce its social and emotional costs;

3. to assist, through community-based programs and co-operation with the social and legal systems, alcoholic and other chemically dependent persons, their families and associates;

4. to increase awareness of the resources and alternatives available in Saskatchewan to deal with alcohol and drug problems.

Organization

Executive Administration is responsible for executive and professional support to the Chairman and the Board and for the direction of Commission operations. Executive Administration is also accountable for the provision of medical direction and consultation to clinical programs, the management of Provincial and Regional Services, and liaison with provincial and federal agencies.

The Commission is organized into two service components: Provincial Services and Regional Services.

Provincial Services

Provincial Services consists of Administration, Prevention and Training, and Evaluation and Research Divisions.

The Administration Division is responsible for the administrative direction of Commission activities including the implementation of Board policies and the funding of allied agencies.

The Prevention and Training Division provides information, print and audio/visual materials and

resource personnel to Commission staff and the general public.

The Evaluation and Research Division is responsible for promoting, initiating and conducting research on alcohol and other drug-related disabilities. Research is aimed at planning and evaluating programs and policies with a view to improving service delivery and counteracting alcohol and other drug abuse.

Regional Services

Within Regional Services, alcohol and drug programs are co-ordinated by three geographic divisions, North, Central, and South.

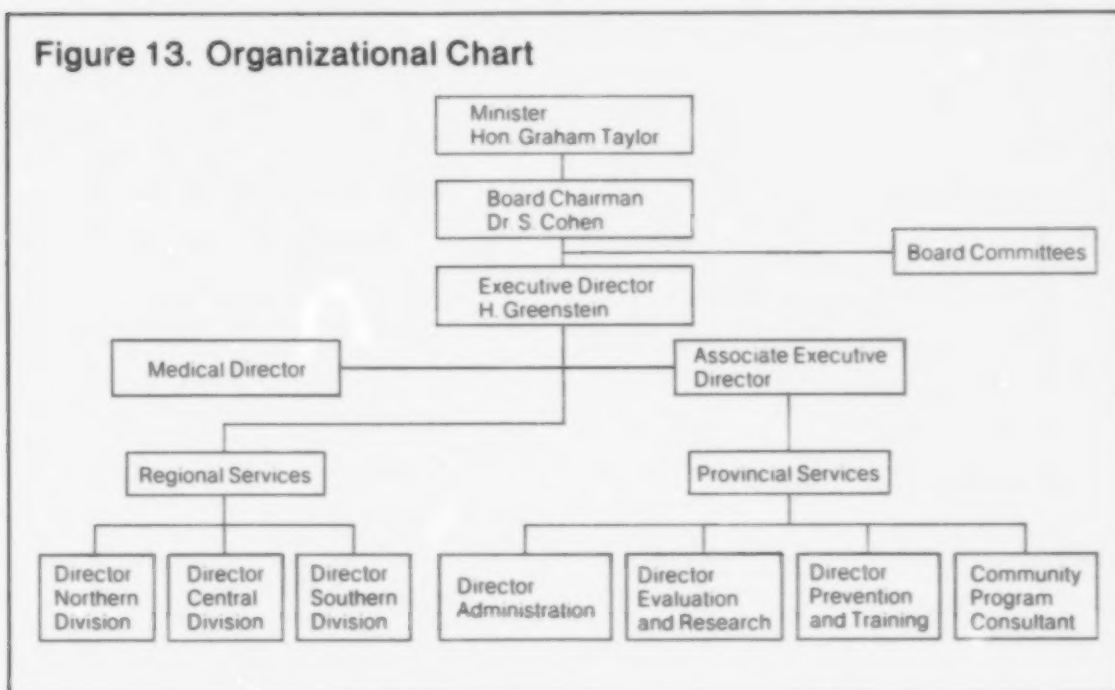
The purpose of community services is to promote an awareness and understanding of the extensive

problems associated with chemical use, and to mobilize Saskatchewan communities into action regarding alcohol and other drug abuse problems through SADAC co-ordinators in 15 regions throughout the province.

The purpose of rehabilitation services in the central and southern divisions is to co-ordinate, promote and conduct programs for treating and rehabilitating those abusing or dependent upon alcohol and other drugs, and their families. Increasing emphasis is being placed on assessment, referral, treatment and aftercare for adolescents.

The Commission operates rehabilitation centres in Saskatoon and Regina. Another 23 agencies are funded by SADAC to provide detoxication, in-patient and out-patient services throughout the province.

Figure 13. Organizational Chart



Highlights for 1985-86

A bill amending *The Alcoholism Commission of Saskatchewan Act (R.S.S. 1978)*, which governs the Saskatchewan Alcohol and Drug Abuse Commission was given Royal Assent on May 15, 1985. The amendments clarify the Commission's role in alcohol and drug abuse prevention, treatment and rehabilitation and include the adoption of the new name — Saskatchewan Alcohol and Drug Abuse Commission. The name change is meant to clearly identify SADAC as the primary agency in the prevention and treatment of alcohol and drug abuse in Saskatchewan.

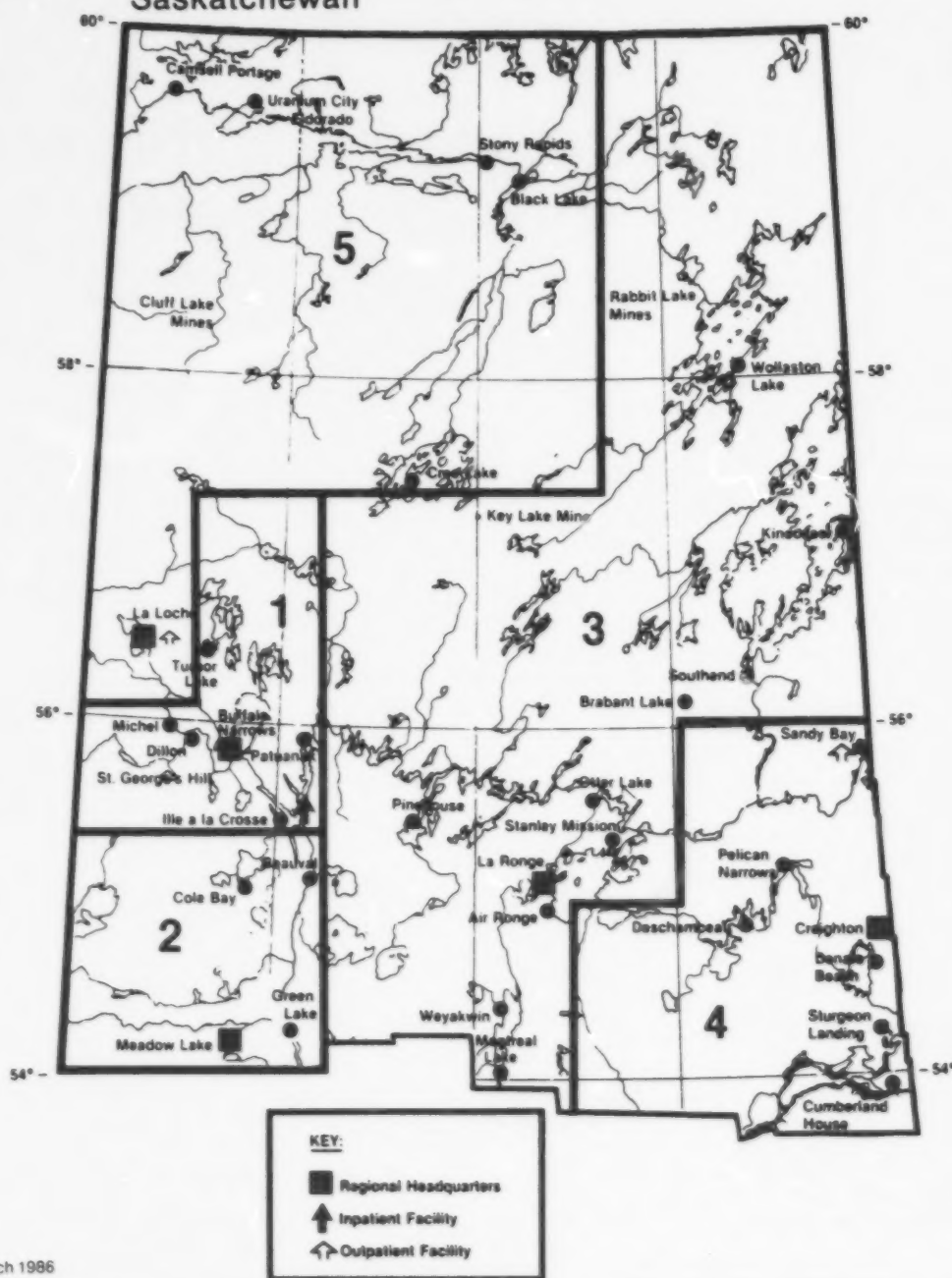
The Minister's Advisory Committee on Alcohol, Drugs and Youth was established in September 1985 by the Honourable Graham Taylor, Minister responsible for the Saskatchewan Alcohol and Drug Abuse Commission. The Committee examined alcohol and drug abuse by Saskatchewan youth, and identified gaps in current programs with a view to setting priorities for new directions. SADAC provided support services to the Committee.

Figure 14. Regional Alcoholism Facilities in Southern Saskatchewan



March 1986

Figure 15. Regional Alcoholism Facilities in Northern Saskatchewan



Separate Annual Report

A comprehensive annual report is published by Saskatchewan Alcohol and Drug Abuse Commission. For a copy of SADAC's annual report, please contact: Information Services Officer, SADAC, 3475 Albert Street, Regina, Saskatchewan, S4S 6X6

12. Provincial Laboratories and Communicable Disease Control

Objective

To provide health-related tests for a wide variety of specimens from hospitals, physicians, government and municipal agencies, and concerned individuals. They also provide most of the laboratory tests required by Saskatchewan Environment. The information obtained from these tests assists in the prevention, diagnosis, and treatment of illnesses of individuals resident in any part of the province. These tests supplement services provided locally.

Demands for laboratory services have steadily increased over the years. In 1958-59, when the present laboratory was occupied, 43 staff received and tested 159,000 specimens. In 1985-86, 100 staff members received 660,600 specimens for testing.

A determined effort is made to deliver laboratory service that is reliable, convenient and prompt. Specimen containers, mailing outfits and requisitions are provided free of charge to physicians and hospitals. To minimize the interval between mailing of a specimen and receiving of a report, the laboratories operate six days a week. Mail and bus express packets are collected twice daily. Many specimens are delivered directly to the laboratories by local taxis or by daily couriers from Prince Albert, Saskatoon, Swift Current and Moose Jaw. All findings are reported by mail, but reports are telephoned when requested by the sender or when observed findings are grossly abnormal.

Highlights

— Dr. H. E. Robertson, who had been the Director of the Provincial Laboratories for 33 years, retired at the end of February, 1986. The Provincial Laboratories main building has been renamed the "H. E. Robertson Laboratory" in honour of his many years of dedicated service.

— The Provincial Laboratories has been combined with the Communicable Disease Control Division, previously with the Community Health Services Branch, to form a new branch called "Provincial Laboratories and Communicable Disease Control." Dr. Roy West was appointed Executive Director of this new branch on March 1, 1986.

— A new computer system was introduced in mid-1985 to allow more effective handling and reporting of radio chemistry tests.

— Laboratory screening for the diagnosis of AIDS was implemented in October, 1985.

— Improvement of productivity in laboratory diagnosis of *Chlamydia trachomatis* was brought forward by changing technology to semi-automation from manual performance.

— Discontinuation of mandatory premarital syphilis serology (*Treponema pallidum* infection) resulted from low incidence among this group, the gradual drop of new cases in the general population, and the interpretation of the Canadian Charter of Human Rights and Freedoms.

Protective Tests

Protective tests are conducted on selected specimens to help prevent illness. Such tests may

Table 39. Variety and Volume of Services Provided, Provincial Laboratories, Saskatchewan, 1984-85 and 1985-86

Services	Specimens (thousands)		Unit of work (thousands)		Annual per cent change
	1984-85	1985-86	1984-85	1985-86	
Total services	696.7*	660.6	14,726	14,397	-2.2
Protective services:	106.8*	99.5	3,369	3,303	-2.0
Water — Private wells and swimming pools	15.7	15.0	341	326	
— Municipal systems	12.3	12.6	160	164	
— Commercial chemical	4.3	3.6	492	404	
— Environment Department	1.7	3.4	449	667	
Air samples and urea formaldehyde	0.4	0.4	7	7	
Dairy and food	7.5	7.4	591	560	
Screening tests:					
Neonatal — PKU	18.6	18.0	138	115	
— Hypothyroidism	18.5*	17.7	186	184	
Prenatal-prenatal-rubella	26.4	19.5	791	586	
Post-mortem toxic substances	1.4	1.9	214	290	
Diagnostic services:	589.9*	561.1	11,357	11,094	-2.3
Microbiology	293.7	273.2	7,009	6,845	
Chemistry	296.2*	287.9	4,348	4,249	

* Corrected count from 84-85 Annual Report.

detect unsuspected threats to the health of individuals or to the environment, allowing corrective or defensive measures to be adopted before serious harm is done. The tests may signal inadequate protection against infectious disease agents for which vaccines are available, indicate metabolic disorders which may be compensated for, or detect dangers to the community and/or the environment.

A variety of tests is required to confirm the suitability of surface or ground waters for drinking, cooking and bathing. In 1985-86, 12,617 water samples from municipal distribution systems, 13,752 water samples from private wells and 1,250 water samples from swimming pools were tested for inadequate protection of the water supply and/or inadequate chlorination. In addition, some 2,264 spot checks were made of fluoride ion content in waters from municipal distribution systems where fluoridation is practised.

Saskatchewan Environment requires a more comprehensive battery of tests for surface waters and industrial waste waters. Some 3,444 samples of water from reservoirs, lakes, streams, rivers, lagoon effluents and industrial wastes were tested for the Water Pollution Control Branch. The Air Pollution Control Branch submitted 52 washings from areas adjacent to potash mines to test the atmospheric fall-out of potash dust onto farms. A total of 188 samples of air washings from foam insulated homes were analyzed for content of formaldehyde to determine whether significant concentrations were being released by the insulation. Some 665 samples of selected fish from Saskatchewan lakes and rivers were submitted by

Saskatchewan Environment and Saskatchewan Tourism and Renewable Resources for mercury analysis. The findings of such tests enabled identification of fishing areas where mercury levels in fish were likely to exceed 0.50 parts per million, a level considered unsafe for consumers.

Protective tests are made on retail dairy products. Dairy product samples totalling 7,083 were tested at the Provincial Laboratories in Regina while another 669 were examined for the Provincial Laboratories at the Dairy and Food Science Laboratory of the University of Saskatchewan in Saskatoon.

The Provincial Laboratories conduct four screening programs, three to protect the health of newborns or the unborn. The disorders of phenylketonuria (PKU) and hypothyroidism may cause irreversible brain damage if not identified and treated in the first weeks of life. The 18,037 samples tested for PKU indicated one infant was born with PKU in 1985-86. The 17,682 samples screened for hypothyroidism led to identification of five bona fide cases in need of treatment. Although the numbers of discovered cases of PKU or hypothyroidism are small, screening is cost-effective because life-long support for undiagnosed and untreated cases is extremely expensive.

A third screening program is directed towards the prevention of congenital rubella. Rubella virus infection contracted early in pregnancy may cause very serious damage to the fetus. To identify the seven per cent of women of childbearing age who lack protective antibodies, 19,526 premarital and

prenatal blood samples were tested. Blood donors found to lack such antibodies are urged by their physician to seek vaccination before they become pregnant. If already pregnant, they are advised to try to avoid contact with any rubella patient, or to contact their physician if suspected or definite contact has occurred.

A fourth screening program assists the treatment of drug addicts by identifying those patients on methadone treatment who continue taking illicit drugs.

Toxicological laboratory tests are performed to assist in medicolegal investigations. Specimens of blood, urine, stomach contents, tissues, powders and fluids are examined to help physicians, coroners and law enforcement agencies determine whether a drug or toxic chemical may have contributed to an accident, illness or death. Investigation of 623 fatal cases required 1,857 specimens to be searched for toxic substances.

The laboratories provide a 24-hour poison identification service to help physicians manage patients who accidentally or deliberately may have ingested a toxic substance or drug. Tests on such specimens included examination of 4,554 samples. Findings are telephoned when requested within minutes or hours of receipt of specimen.

Clinical Diagnostic Services

Modern medicine relies on laboratory tests to aid in the early diagnosis of illness and to permit swift treatment when required. Each year, advances in applied microbiology, biochemistry, genetics and pharmacology allow more diseases to be treated effectively. Patients expect swift diagnosis and relief of pain. This expectation, coupled with the drive to minimize hospital admissions or lengths of stay, requires the rapid processing of such diagnostic tests.

A determined effort is made to complement whatever laboratory service may be available locally. This often means doing specimen tests for doctors' offices and small hospitals. There are also many infrequently required, difficult-to-maintain, and expensive tests that are impractical for even large laboratories to undertake. Consequently, at times specimens are referred to a larger laboratory that offers a desired test. Any charges incurred for tests on specimens relayed to other laboratories are born by the Provincial Laboratories. In 1985-86, 1,238 specimens were referred to out-of-province laboratories at a cost of \$25,483.

Another 10,817 specimens were referred to in-province laboratories.

Table 40. Variety and Volume of Diagnostic Services, Provincial Laboratories, Saskatchewan, 1984-85 and 1985-86

Diagnostic service	Specimens (thousands)		Work units (thousands)		Annual per cent change
	1984-85	1985-86	1984-85	1985-86	
Total	589.9***	561.1	11,357	11,094	-2.3
Microbiology	293.7	273.2	7,009	6,845	-2.3
Syphilis	65.7	52.7	459	367	
Gonorrhoea	5.6	4.4	63	49	
Sore throats	36.5	32.2	256	225	
Boils, wounds, tissue, blood and CSF	49.0	46.7	1,527	1,458	
Media preparation	—	—	581	592	
Urinary tract	62.6	52.2	755	626	
Gastroenteritis	11.2	11.6	524	521	
Tuberculosis	2.5	2.4	143	135	
Parasites	9.7	10.3	386	411	
Fungal infections	2.8	2.6	297	286	
Rheumatic fever and collagen disorder	27.1	29.6	877	929	
Virus infections — for isolation	9.9	13.5	561	534	
— for rubella serology	4.7	6.6	230	298	
— for other serology	6.4	8.4	350	414	
Chemistry	296.2***	287.9	4,348	4,249	-2.3
Radioimmunoassay*	143.3***	139.3	2,000	2,009	
Enzymes-Metabolites — Drugs**	139.0	129.9	1,649	1,724	
Urine hormones	3.6	3.1	456	311	
Trace metals in blood and urine	1.5	1.4	17	18	
Quality control — hospitals	3.3	2.0	193	114	
Referrals — other laboratories	5.5	12.2	33	73	

* See Table 41.

** See Table 42.

*** Corrected count from 84-85 Annual Report.

Services to Diagnostic Laboratories

In addition to providing, free of charge, tests needed in microbiology and chemistry that are beyond the capacity of hospital or clinic laboratories, the Provincial Laboratories also offer a variety of services to other laboratories for tests they perform. Technical advice on the selection and/or interpretation of test procedures is offered upon request. Reference and check samples are mailed out each month to 123 hospital laboratories participating in a performance and standard evaluation program (PAS). Bacteriological media are supplied for the first year that a hospital undertakes, with a qualified technologist, to provide Level I bacteriology service. For hospitals without a local bacteriology laboratory, sterility check tests are offered. Finally, blood samples of hospital and medical staff with close patient contact are periodically examined for exposure to such agents as rubella, poliomyelitis, hepatitis or influenza.

Research and Consultative Services

All research is directed towards investigating laboratory tests for infectious, metabolic and degenerative disorders. Considerable investigation and in-house testing is necessary to evaluate specificity, sensitivity and cost of newly-described procedures. Continuous research ensures all procedures are as reliable, rapid, economical and useful as possible.

Many requests for technical information or advice are received from physicians, hospital staff, teachers, engineers, architects, consumer groups and concerned individuals. Every effort is made to answer these queries, or to refer questions to the appropriate agency or individual.

Table 41. Radioimmunoassays, Provincial Laboratories, 1984-85 and 1985-86

Name of test	Number of tests* in thousands	
	1984-85	1985-86
Total radioimmunoassays	249.4	248.7
Cortisol — serum	4.7	4.4
Dehydroepiandrosterone — Sulphate (DHEAS)	—	0.5
Digoxin	16.3	14.7
Estradiol	1.3	1.6
Ferritin	0.9	1.4
Follicle stimulating and luteinizing hormone (FHS and LH)	6.3	4.7
Free Testosterone	—	0.1
Gastrin	—	0.1
Growth hormone (HGH)	0.4	0.3
Hepatitis A	—	—
— IgM antibody to virus	0.8	1.5
Hepatitis B	—	—
— surface antigen	5.3	6.8
— antibody to surface antigen	1.2	1.3
— e-antigen/antibody	0.2	0.3
— IgM antibody to core antigen	0.1	0.2
Immunoglobulin E (IgE)	1.3	1.7
Insulin	0.1	0.2
Parathyroid hormone (PTH)	0.3	0.3
Progesterone	1.4	1.6
Prolactin (HPL)	4.1	4.1
Testosterone	2.3	2.5
Thyroid stimulating hormone (TSH)	8.7	10.0
TSH — neonatal	2.3	2.6
Thyroxine — neonatal	18.5	17.7
Thyroxine — other (T ₄)	86.7	84.9
T ₃ uptake	60.8	59.2
Triiodothyronine (RIA)	3.4	3.7
Urinary free cortisol	0.8	0.6
Vitamin B-12 folate	21.2	21.7

* Tests do not include standards, controls nor repeats.

Table 42. Enzymes, Metabolites and Drugs, Provincial Laboratories, 1984-85 and 1985-86

Name of test	Number of tests* in thousands	
	1984-85	1985-86
Total enzymes-metabolites-drugs	247.8	270.1
Acid phosphatase	7.6	7.6
Alanine aminotransferase (ALT)(SGPT)	0.9	0.2
Alcohol	2.1	2.4
Amylase	3.7	3.4
Amphetamines	0.1	0.7
Aspartate aminotransferase (AST)(SGOT)	1.0	0.3
Barbiturates	1.4	2.2
Benzodiazepine	0.2	0.6
Bilirubin — total	1.0	0.8
Cannabinoids	0.2	1.0
Cholesterol — total	7.8	14.5
Cholesterol — HDL	4.4	9.5
Cocaine	0.1	0.7
Creatinine (Urine)	3.7	3.4
Creatinine phosphokinase (CPK)	4.9	6.0
Dilantin	4.9	5.2
Electrolytes (Serum)	3.6	2.5
Glucose	5.8	4.6
Glycosylated hemoglobin	3.6	6.2
Iron	11.9	13.7
Iron binding capacity	11.9	13.7
Lactate dehydrogenase (LDH)	1.1	0.4
Lipoprotein electrophoresis	1.1	1.5
Lithium	3.3	3.0
Opiates	0	0.8
Phenobarbitol	2.8	2.8
Procainamide	0.5	0.6
Quinidine	0.7	0.6
Salicylates	1.5	2.2
SMAC** (17-19 test profile)	113.0	106.9
Tegretol	3.0	2.4
Theophylline	0.0	1.7
Total protein and albumin globulin ratio	5.8	5.1
Triglyceride	20.0	26.9
Urea	0.9	0.6
Uric acid	2.3	1.8
Valproic acid	1.2	1.3
Other	9.2	12.3

* Tests do not include standards, controls or repeats.

** Sequential Multiple Analyzer with Computer includes tests for Na+, K+, Cl-, CO2, Urea, Creatinine, Uric Acid, Calcium, Inorganic Phosphorus, Total Protein, Albumin, Total bilirubin, Direct bilirubin, Alkaline phosphatase, AST(SGOT), ALT(SGPT), LDH, GGT, and Cholesterol.

Table 43. Microbial Pathogens — Case Isolations or Evidences, Provincial Laboratories, Saskatchewan, 1984-85 and 1985-86

Microbial pathogen	1984-85	1985-86	Microbial pathogen	1984-85	1985-86
Bacterial pathogens:			Virus isolations:		
Campylobacter (3 species)	151	131	Adenovirus	281	248
Clostridium difficile	30	97	Coxsackie A virus (9)	17	—
Enteropathogenic E. coli	6	3	Coxsackie B virus (2.5)	53	39
Neisseria gonorrhoeae			Cytomegalovirus	5	19
Cultures	879	736	Echo virus (6.9,11,14,22)	22	12
Films	413	248	Herpes virus	211	253
Salmonella			Influenza A virus	1	—
— enteritidis	28	11	Influenza B virus	—	1
— hadar	—	21	Picornavirus (EM only)	186	137
— heidelberg	7	31	Poliovirus (nonparalytic)	23	23
— infantis	17	7	Reovirus	—	6
— java	6	4	Rotavirus	438	396
— newport	5	4	Other and Unidentified	80	31
— paratyphi A	—	1			
— schwarzengrund	4	3	Virus serology:		
— saint-paul	17	23	Adenovirus	10	8
— thompson	9	1	Chlamydia trachomatis	277	797
— typhi	1	3	Epstein-Barr virus	1	32
— typhimurium	195	61	Hepatitis A	416	506
— other	66*	45	Hepatitis B	97	238
Shigellae			Influenza A	4	19
— flexneri	82	59	Influenza B	—	4
— sonnei	116	162	Mycoplasma Pneumoniae	8	17
Treponema pallidum serology	256	220	Rubella	—	12
— from premaritals	11	2	Rubeola	—	13
— from prenatals	20	12	Human Trans Lymphocyte — III	—	22
Yersinia enterocolitica	9	19	Other	7	12
Protozoan parasites:			Fungal infections:		
Chilomastix mesnili	11	14	Alternaria species	36	35
Endolimax nana	51	52	Aspergillus species	83	90
Entamoeba			Candida albicans	81	104
— coli	199	170	Cladosporium species	14	18
— hartmanni	6	1	Epidermophyton floccosum	23	12
— histolytica	8	4	Malassezia furfur	68	73
Giardia lamblia	377	349	Microsporium canis	20	43
Helminthic parasites:			Penicillium species	12	10
Ascaris lumbricoides	7	8	Scopulariopsis species	15	15
Clonorchis sinensis	—	3	Trichophyton		
Diphyllobothrium latum	11	24	— mentagrophytes	94	72
Enterobius vermicularis	11	8	— rubrum	95	83
Hymenolepis nana	4	3	— verrucosum	41	69
Necator americanus	1	—	Other	30	45
Trichuris trichiura	2	5			
Other	6	8			

* Corrected count from 1984-85 Annual Report.

13. Communications and Health Education Branch

Objectives

The overall objectives of the branch are to:

- co-ordinate the many resources and processes within the department which have direct impact on its communications and health education capabilities
- integrate communications and health education closely with executive decision-making processes within the department
- continually reassure and reinforce the positive aspects of the health system to the Saskatchewan public
- develop an annual communication plan and strategies to carry out the plan
- develop an annual health education plan, and,
- act as a liaison between the department and the media, the department and advertising consultants, and provide consultative services for branches dealing with these aspects of communications

The branch has three sections: Information and Production Services, Education Services and the Resource Centre.

Information and Production Unit

This unit is responsible for serving the information and production needs of the agencies and branches in the department. These responsibilities involve providing a wide variety of services such as:

- consulting with branches on annual communication plans
- providing design and content expertise on a wide range of individual communication projects

- writing speeches, news releases, redi-prints and writing/producing Contact, the department's quarterly employee news magazine
- preparing and producing the department's annual report
- co-ordinating production assignments with the advertising agency and suppliers
- arranging public relations functions, such as sod turnings, official openings and special events.

Activities, Information and Production Services.

Consultations with branches	414
News releases	130
Communications Projects completed	50
Public Relations Functions completed	42
Saskatchewan Weekly redi-prints	15

Education and Resource Centre Services

The education division provides co-ordination and direction to department health education programs. Staff of this division provide consultative and support services to health professionals and educators within the department, in other government departments and other organizations which provide health information and education such as HITLINE, and the Interagency Council on Smoking and Health.

Programs of this division include a non-smoking program in Saskatchewan's schools, Minister's Commendation Certificates for people who quit smoking, employee fitness, healthy lifestyles, public education, and operating the inquiry line.

The branch is active in the "Health Is It" project in co-operation with high school students, school

staff and community health personnel in the Melfort-Tisdale, Prince Albert, and Swift Current Health Regions. "Health Is It" encourages the 45 participating schools to address the health concerns of young people.

The health educators participated in 20 workshops, resource speaking engagements and conferences on topics covering self esteem, "Health Is It", lifestyle management enhancement, consumer relations, and physiological effects of smoking.

Education and Resource Centre Activities

Resource Consultations	1,979
Resource Material Requests	2,519
Library Loans	10,535
Inter-library Loans	1,246
Library Acquisitions	533
Reference Requests	1,458
Audio Visual Equipment Loans	619
Inquiry Line	6,090

The Resource Centre provides research and information services to departmental personnel, allied health professionals, students and, through inter-library loans, to the general public.

Research services were enhanced with the addition of a computer terminal in October, 1985, which allows access to remote health related data bases in a timely, cost-effective manner.

A librarian was hired in February, 1986, and research into ways of improving library service began.

Saskatchewan Child and Youth Safety Committee

Since 1982, the Child and Youth Safety Committee has sought ways to reduce accidental injury and death among Saskatchewan youth.

The Committee, which was appointed by the Minister of Health, is composed of representatives of health professions, safety and health agencies, government departments, educators and the public.

The committee conducts research into the causes and prevention of accidents, and makes recommendations for action. In addition, the Committee fosters the development of local groups working for child safety.

14. Saskatchewan Vital Statistics

Objective

To maintain and operate a province-wide system for registration of births, stillbirths, deaths, marriages, divorces, adoptions and changes of name which occur in Saskatchewan according to the terms of The Vital Statistics Act and The Change of Name Act. A detailed account of vital data may be found in Saskatchewan Health's Vital Statistics Annual Report.

In addition to the registration and statistical function, the Vital Statistics Division provides a variety of services to Saskatchewan residents, including searching of vital records and issuing of certificates as legal proof of registered events. The general costs of maintaining the registration system are borne by the provincial government. However, the costs for specific services requested by individuals are paid for by the individuals themselves. Accordingly, a fee is charged for searching records and issuing certificates.

The Division of Vital Statistics works closely with approximately 800 registrars throughout the province in the collection of vital data. Municipal secretaries and town and city clerks serve as registrars. These registrars forward their returns of birth, death, and stillbirth registrations on a weekly basis to the division office in Regina. The Division of Vital Statistics also receives registrations of marriages from clergy and marriage commissioners. Notices of divorces, annulments, and adoptions are received from court officials within the province's judicial districts.

All birth, death, stillbirth, and marriage data collected at the provincial level are forwarded

regularly to Statistics Canada in Ottawa and are used to compile national vital statistics.

Legislation

The Division of Vital Statistics is responsible for administering:

The Vital Statistics Act

This Act provides for the registration of all vital events which occur in Saskatchewan. Subsequent to registration, certificates confirming the registration may be obtained from the Division of Vital Statistics by applying in the prescribed form and paying the prescribed certificate fee. In cases where events were not registered at the time of occurrence, there is provision for delayed registration if the necessary documentation is submitted.

The Change of Name Act

The Change of Name Act provides residents of Saskatchewan 18 years of age and older with the opportunity to apply for a legal change of name. Applications for a change of name are reviewed in the Division of Vital Statistics and, if accepted, the change of name is registered and subsequently published in The Saskatchewan Gazette. Following registration and publication of the change of name, and payment of the prescribed fee, the applicant is provided with an official change of name certificate.

Highlights and Trends

Population Trends

The population in Saskatchewan continues to increase following a period of decline in the years 1973 and 1974. From the low of 899,700 in 1974, the population has increased significantly to 1,019,500 in 1985.

Death Rate and Causes of Death

The 1985 death rate of 7.8 per 1,000 population increased slightly from the 1984 rate of 7.7.

Heart disease and malignant neoplasms (cancer) were the leading causes of death in 1984 and 1985. The rates per 100,000 population for heart disease and malignant neoplasms in 1985 were 255.4 and 190.1 respectively.

Birth Rate

The birth rate of 17.9 was the same as that experienced in 1984.

Marriage Rate

The marriage rate in 1985 of 7.0 per 1,000 population decreased slightly from the 1984 rate of 7.2.

Divorces and Annulments

In 1985 a total of 1,957 divorces and annulments were registered under The Vital Statistics Act in Saskatchewan. This does not represent the total number of divorce petitions filed in 1985 since some petitions are not yet finalized.

Table 44. Vital Statistics, Saskatchewan, 1984 and 1985

Item	1984	1985*
Population (1,000s)	1,006	1,020
Live births	18,014†	18,233
Rate‡	17.9†	17.9
Deaths	7,710†	8,003
Rate‡	7.7	7.8
Natural increase	10,304†	10,230
Rate‡	10.2†	10.0
Infant deaths	169†	194
Rate**	9.4†	10.6
Stillbirths (28+ weeks gestation)	87†	67
Rate***	4.8	3.7
Perinatal deaths (28+ weeks gestation)	173†	165
Rate***	9.6	9.0
Marriages	7,213	7,131
Rate‡	7.2	7.0
Divorces and annulments	1,988†	1,957

* Preliminary figures.

† Revised figures.

‡ Rate per 1,000 population.

** Rate per 1,000 live births.

*** Rate per 1,000 total births.

15. Policy Research and Management Services Branch

Objectives

- to provide a variety of support services to the Deputy Minister's office
- to develop health policy in areas of priority to Saskatchewan Health
- to take a lead role in the co-ordination of new initiatives within the department
- to research, design and assist in the development of new health programs
- to evaluate existing health programs in order to suggest policy, program and cost/benefit improvements
- to work with health professional associations and other public interest groups on matters involving health
- to monitor supply and demand for health human resource groups and work with employers and other government departments in ensuring the availability of appropriate training in health occupations
- to co-ordinate the policy, positions and activities which surround federal/provincial and inter-provincial committees and conferences in the health field.

16. Payment Negotiation Unit

Objective —

To co-ordinate and consolidate negotiation and labor relations activity formerly undertaken by the Deputy Minister's office, the Saskatchewan Hospital Services Plan and the Department of Social Services.

The Payment Negotiation Unit acts as observer and consultant at bargaining tables involving the Saskatchewan Health-Care Association and the Saskatchewan Association of Special Care Homes, and the various unions representing employees in hospitals, special-care homes and central laundries.

The Payment Negotiation Unit provides the chief government negotiator in negotiations with the

various professional and business organizations which contract with the government for the provision of health services. Other negotiating committee members are drawn from the program agencies involved.

The work of the unit keeps department officials aware of the budget implications of impending settlements and facilitates funding decisions in the health care field. The Payment Negotiation Unit serves as a liaison between the funding agencies and the various bargaining unit representatives. The unit also acts as a resource to department staff on labor relations matters which arise during the term of any contract.

17. Administrative Services Branch

Objective —

To provide efficient administrative support services to the Program Branches of the Department. This is achieved by centralized processing, support, and coordination of:

- budgeting
- accounting
- procurement and stockroom services
- government vehicles
- space requirements

- central mail sortation and records retention
- recoveries from the federal government under federal sharing programs.

An additional objective is to provide support and control functions on behalf of the Deputy Minister. This is done through administrative policy development, liaison with central government agencies, and advice concerning Health expenditures and budgets.

18. Human Resources Branch

Objective

To provide centralized personnel services for the department through:

- maintenance of personnel files, participation in staffing and classification processes, administration and interpretation of collective bargaining agreements, career counselling, and advice to branches and agencies on labor relations matters

- provision of staff development courses for employees and co-ordination of employee participation in courses sponsored by the Public Service Commission

- administration of department involvement in the public service educational leave program, and

- administration of the department bursary program for students in selected health disciplines which are in short supply

Training of Health Personnel

Bursary Program

The Bursary Program assists students training in selected health professions in which a scarcity of qualified personnel exists.

The program is financed through funds received from the Student Assistance and Student Aid Fund of the Department of Advanced Education and Manpower. These funds are in turn awarded by Saskatchewan Health and the program is administered by the Human Resources Branch.

The bursary program is open to the general public and employees of this department. The types of training for which bursaries are provided are advertised in all provincial daily newspapers. Applications are then screened and all applicants eligible for the bursary program are interviewed by a Bursary Selection Committee. In return for financial assistance, bursary recipients agree to work for a stipulated time for Saskatchewan Health, or in a position within the province approved by the Minister of Health.

Table 45. Service Commitment Completed by Bursary Program Graduates

Total graduates (1960-1986)	1,596	100.00%
Service completed	1,021	63.97
Currently serving	78	4.89
Partial service	252	15.79
No service	243	15.23
Service deferments	2	0.13

With the exception of public health nurses, bursary recipients are required to provide two years of service for the first year of assistance and one year of service for each subsequent year of assistance. Public health nurses provide one year of service for each year of assistance. Recipients who default on their service commitment must repay monies awarded plus interest.

Bursary recipients are awarded funds for tuition fees, a textbook allowance, travel to and from the location of training (once), plus a monthly living allowance.

Dental Specialists

In 1966, the department introduced a bursary program to provide financial assistance to graduate dentists pursuing specialized areas of study. This program is designed to encourage dentists to study specialties which are in short supply and to return to the province upon completion of their training.

Assistance consists of the payment of registration and tuition fees, plus a monthly living allowance. A service commitment is required upon completion of training.

During the period 1966 to March 31, 1986, a total of 49 dentists received assistance under this program. Forty-six have graduated; two are currently studying; and one has discontinued studies and has repaid all funds.

The following table illustrates the amount of service commitment completed by graduates of the program.

Total graduates	46
Service completed	19
Currently serving	9
Partial service	1
No service	17
Service deferments	—

Fourteen of the 19 dentists who completed their service commitment are still practising in the province, in the following specialties: dental oral surgery — 2, orthodontics — 6, paedodontics — 1, periodontics — 4, and endodontics — 1.

The nine dentists currently serving their commitment have specialized in prosthodontics, orthodontics, oral and maxillofacial surgery, endodontics, paedodontics, and oral medicine.

Dental Establishment Grants

A Dental Establishment Grant program designed to encourage dentists to establish a first-time practice in a Saskatchewan community other than Regina and Saskatoon, has been in operation since 1976-77. The need for this program has diminished since its inception and consequently there have not been any new grants approved since 1982-83. However, payments in the amount of \$1,000 continue to be made on a quarterly basis to dentists who were awarded grants prior to 1983-84, who are still in practice and who have not received the full amount of their grant. As of March 31, 1986, there were three of these dentists practising in Lanigan, Meadow Lake, and Spiritwood.

Table 46. Bursary Students, Saskatchewan, 1984-85 and 1985-86

Area of study	Students continuing		New students	
	1984-85	1985-86	1984-85	1985-86
Total	56	46	31	28
Clinical psychology	3	1	0	0
Dentistry:				
Postgraduate	7	4	1	1
Hospital administration	1	0	0	0
Medical social work	0	1	1	1
Nuclear medicine technology	3	3	1	1
Nursing:				
Public health	3	2	2	0
Postgraduate	1	2	1	1
Occupational therapy	9	9	7	9
Postgraduate	0	0	0	1
Orthoptics	2	1	0	1
Physical therapy	15	10	5	6
Postgraduate	0	2	2	0
Prosthetics and orthotics	3	1	2	0
Public health inspection	4	3	3	2
Respiratory technology	1	2	1	1
Speech pathology and audiology	4	2	1	1
Chiropody	0	1	2	0
Gerontology:				
Postgraduate	0	1	1	0
Interior Design:				
Postgraduate	0	1	1	1
Postgraduate Medical	0	0	0	2

Staff Development

The objectives of the department's staff development programs are: to improve the efficiency and economy of operations through the development of a well trained staff, to assist employees in achieving their highest potential, and to promote employee participation in self-development activities.

All new employees are given the opportunity to attend the Saskatchewan Health Orientation Conference. The Conference enables the new employee to become acquainted with key personnel and familiar with the major programs of the department. During 1985-86, the two conferences were attended by 40 staff members.

In addition to the department's participation in the training and development opportunities offered by the Saskatchewan Public Service Commission (Educational Leave, Senior Management Development, Administrative Development Diploma Program, tuition rebate and

government-wide staff training courses), the department offers an "Introduction to Supervision" and three management development courses. Each course is a three-day session, involving films, lectures, case studies, programmed instructional materials and discussions. The courses are designed to promote first-line supervisory and management leadership skills. During 1985-86, the 11 courses offered were attended by 154 employees.

A consumer relations course was developed in 1984-85 to promote effective communication between all Saskatchewan Health personnel and health consumers. During 1985-86, 10 facilitators were trained, and the 16 courses offered were attended by 284 employees.

Special presentations are conducted in response to emerging needs within and outside the department. Also, a wide variety of specialty training opportunities are made available to employees as required by their branches.

Appendix: Summary of Legislation

Several major pieces of new and amended legislation were introduced during the year.

The Optometry Act, 1985, received Royal Assent in June 1985 and was proclaimed in force the following month. The revised Act was designed to bring the statute up-to-date in terms of developments within the profession and to introduce several standard features which have been incorporated in all health disciplines' legislation in recent years.

On June 19, 1985, Royal Assent was given to a new *Mental Health Services Act*, which represents a thorough overhaul and updating of the previous *Mental Health Act*. (The Act was proclaimed in force on April 1, 1986.)

Notable features of the new Act are provisions for official representatives to act on behalf of patients, strengthened rights of appeal for patients, and restrictions on the administration of electroconvulsive therapy. The Act is designed to strike an effective balance between the needs and interests of patients, the public, and mental health professionals.

Revisions were made to *The Alcoholism Commission of Saskatchewan Act*, including a change of title to *The Alcohol and Drug Abuse Commission Act*. Under the amendments the Commission was renamed the Saskatchewan Alcohol and Drug Abuse Commission (SADAC) to reflect its broad mandate and role in the field of addictions.

Amendments to *The Saskatchewan Medical Care Insurance Act* came into force on August 1, 1985. The main amendment was the prohibition of extra billing by physicians and other health professionals for services insured by MCIC. As well, all provisions of the Act relating to medical care premiums were repealed.

Acts Administered by Saskatchewan Health

The following is a list of Acts which the Department is directly responsible for administering:

The Abandoned Refrigerator Act
The Anatomy Act
The Change of Name Act
The Dental Care Act
The Department of Health Act
The Health Services Act

The Hearing Aid Act
The Hospital Revenue Act
The Hospital Standards Act
The Housing and Special-care Homes Act
The Medical and Hospitalization Tax Repeal Act
The Mental Health Services Act
The Mutual Medical and Hospital Benefit Associations Act
The Prescription Drugs Act
The Public Health Act
The Saskatchewan Health Insurance Act
The Saskatchewan Hospitalization Act
The Union Hospital Act
The Venereal Disease Prevention Act
The Vital Statistics Act

Acts in Which Saskatchewan Health has a Direct Interest

The Alcohol and Drug Abuse Commission Act
The Cancer Foundation Act
The Chiropody Profession Act
The Chiropractic Act
The Community Health Unit Act
The Dental Profession Act, 1978
The Dental Technicians Act
The Dental Therapists Act
The Denturists Act
The Emergency Medical Aid Act
The Health Research Act
The Human Tissue Gift Act
The Lloydminster Hospital Act, 1948
The Medical Care Insurance Supplementary Provisions Act
The Medical Profession Act, 1981
The Medical Scholarships and Bursaries Act
The Naturopathy Act
The Ophthalmic Dispensers Act
The Optometry Act, 1985
The Osteopathic Practice Act
The Pharmacy Act
The Physical Therapists Act, 1984
The Professional Dietitians Act
The Psychiatric Nurses Act
The Registered Nurses Act, 1978
The Registered Occupational Therapists Act
The Registered Psychologists Act
The Saskatchewan Embalmers Act
The Saskatchewan Medical Care Insurance Act
The South Saskatchewan Hospital Centre Act
The Tuberculosis Sanatoria and Hospitals Act
The University Hospital Act
The Wascana Rehabilitation Centre Act
The White Cane Act
The X-Ray Technicians Act